

Delinquents Under 10: Targeted Early Intervention

Phase 2 evaluation report

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Summary

In 1995, in response to an increase in the number of police reports describing children under age 10 who had committed delinquent acts, the Hennepin County Attorney's Office received funding from the Minnesota Legislature to research this troubling trend and to explore strategies for preventing delinquency among young children.

In December 1995, the Hennepin County Attorney's Office published the findings of a comprehensive survey of the characteristics of delinquents under age 10 in Hennepin County. This report documented the high correlation of delinquent behavior with child protection reports, problems with school attendance, and criminal activity of older siblings and parents.

Program development and project description

Targeted Early Intervention is an intensive, long term intervention for children whose delinquent behaviors while under the age of 10, in conjunction with other risk factors, place them at high risk for future delinquency. The Targeted Early Intervention model aims for the following long-term outcomes:

- Reduction in delinquent (criminal) behavior
- Reduction in exposure to abuse, neglect and violence in the home
- School success
- Social competency

The Targeted Early Intervention model has two key components: the integration of county service delivery and partnership with community-based agencies (called Primary Organizations in the program model). The model calls for holistic work with the family to support the child's achievement of the long-term outcomes. Within Hennepin County agencies, an Integrated Service Delivery Team coordinates services among county departments with the goal of stabilizing families. At the same time, Primary Organizations work intensively with each participating child to build the child's strengths through involvement with positive activities and experiences. This model establishes a new method of service delivery combined with a partnership between government and community-based agencies.

Because the program focuses on long-term outcomes, the intent is for each child to remain in the program until age 18.

Program participation

Eligibility determination

A Screening Team reviews all referrals for delinquents under age 10 in Hennepin County. The Screening Team, made up of representatives from the County Attorney's Office and the Department of Children and Family Services, determines the level of service intervention based upon the nature of the delinquent act, the child's level of responsibility for the act and the number, type and severity of risk factors each child presents. Out of 659 children referred to the Hennepin County Attorney's Office between January 1, 1996 and July 31, 2000, 107 met the criteria for the program and 49 children actually enrolled.

The Screening Team uses a check list of risk factors shown to be highly predictive of future delinquency: police contacts, family violence, child maltreatment, problems with family functioning, and family criminal history.

Enrollment

Currently, 36 children are enrolled in the Targeted Early Intervention program. Since inception, 49 children have been enrolled and received services.

- The mean age of these children at the time of their first offense was 8.8 years.
- Most children in Targeted Early Intervention are African American boys who lived in Minneapolis at the time of their offense.
- The most common offenses included shoplifting, damage to property, assault, arson/unintentional fire, and theft.

Children enrolled in Targeted Early Intervention are growing up in high-risk environments. Ninety-two percent of the children lived in families with at least one child protection or child welfare case opening; 78 percent have mothers with a criminal history; and 80 percent of the families have a history of domestic abuse.

Evaluation design

The purpose of this evaluation study is to measure whether involvement with Targeted Early Intervention is associated with the intended outcomes of reduction in delinquent behavior; reduction in exposure to abuse, neglect and violence in the home; increased school success; and increased social competency.

Research methods include interviews with participant children and parents; staff activity and service tracking results; feedback from teachers, including a standardized behavioral assessment; analysis of Minneapolis school attendance data, and analysis of Hennepin County administrative data, including police reports and social service records.

Outcome data were collected through July 2000 for the 33 children served during Phase 1 of the program. Each child included in the outcome evaluation had received at least 18 months of service. Children who entered the Targeted Early Intervention program after July 1998 are therefore included only in measures of participant satisfaction, perceived impact, and descriptions of all Targeted Early Intervention participants.

Subject cohorts

This report focuses on one comparison group and two cohorts of program participants.

Comparison group (under age 10, offenses committed in 1993-1995)

- Children (n=34) referred to the Hennepin County Attorney's Office prior to the development of the Targeted Early Intervention program with risk factor scores most similar to those later served by Targeted Early Intervention.

Targeted Early Intervention cohort (under age 10, offenses committed in 1996-2000)

- **Phase 1 Participants** (n=33). Children served by the program for at least 18 months (enrolled between April 1997 – July 1998), and thus with sufficient follow-up time to examine outcomes.
- **Phase 2 Participants** (n=16). Children referred August 1998 – July 2000 and served during the second phase of the evaluation.

The outcome section of this report includes only Phase 1 participants (n=33) and comparison group children (n=34). The participant satisfaction and perceived impact section includes both Phase 1 and Phase 2 participants (n=49).

Results

Findings show that the Targeted Early Intervention program leads to measurable improvement for delinquent children who receive significant program dosage. Preliminary findings from the Phase 1 report in 1999 showed no significant improvement with less than a year of service. However, after a minimum of 18 months of intensive program service, results show that compared to a similar group of delinquent children, participants in the Targeted Early Intervention program had:

- Fewer and less severe subsequent offenses
- Significantly better school attendance

Reduction in delinquency

In examining the Hennepin County administrative data for a six-month study period following 18 months of service, records show that Targeted Early Intervention children were charged with fewer offenses, and that the offenses were less severe than those of comparison group children.

While the number of children who were referred by police to the County Attorney's Office was similar among the two groups, the ratio of referred offenses per child was higher for comparison group children. The 33 participants were referred for a total of 13 offenses during the follow-up period, while the 34 comparison group children were referred for 25 offenses.

In addition, the offenses by participants were less severe. There were no charges of gross misdemeanors or felonies by participants during the study period. The 34 comparison group children were charged with three gross misdemeanors and three felonies.

Reduction in exposure to abuse, neglect, and violence in the home

While the evidence in this area is inconclusive, the data for TEI participants shows promise. In most areas, Targeted Early Intervention families showed less involvement with child protection than the comparison group families. Also, although TEI families have significantly greater past charged crimes related to violence in the home, there were fewer police calls to the homes of TEI families than to comparison group families during the study period.

School success

Results of school attendance analysis indicate that participation in Target Early Intervention is associated with improved school attendance.

- The average attendance rate after becoming involved in Targeted Early Intervention was better than 88 percent.
- Comparison children with similar risk factors were two times more likely than participants to miss school.

Results of a standardized behavioral assessment (Behavioral Assessment System for Children (BASC), teacher version) completed by participants' teachers indicate that teachers identify aggression, conduct problems, and learning problems as major barriers to school success for many of the children in Targeted Early Intervention. Despite indicators of serious academic problems, the vast majority of teachers described their relationships with TEI children as "good" or "very good". Furthermore, most children and their parents say that things have improved at school since they enrolled in Targeted Early Intervention. These findings indicate that although many of the participants may be doing poorly in school, they still feel somewhat connected to school and have positive feelings about school. This positive connection with school is clearly an important avenue for healthy youth development.

Social competency

Most parents felt that their child had a better understanding of the difference between right and wrong since becoming involved with Targeted Early Intervention. Parents also observed increases in their child's self esteem and ability to get along with others.

- 71% of parents felt that their child's feelings of self-esteem had increased since participating in Targeted Early Intervention.
- 64% of parents felt that their child better understood the difference between right and wrong.
- Half the parents felt that their child's skills in getting along with other children had increased since participating in Targeted Early Intervention.

Teachers also observed average or above levels of adaptability, social skills, and leadership skills in the TEI children as evidenced by behavioral assessment scores. Teachers reported that most participants respect the teachers' authority in the classroom.

Participant satisfaction and perceived impact

Voluntary telephone interviews were conducted with Phase 1 and Phase 2 Targeted Early Intervention parents and children. Parents and children express high satisfaction with the Targeted Early Intervention program. Children appear to feel a particular bond with their primary worker in the community-based agency. Parents and children state that things have improved for the child since they started the program.

- 90% of parents were “satisfied” or “very satisfied” with the services their child received as part of Targeted Early Intervention.
- 97% of parents were “satisfied” or “very satisfied” with the support provided by the Primary Organization worker.
- 83% of parents were “satisfied” or “very satisfied” with the support provided by the county Integrated Service Delivery Team worker.
- 91% of parents felt that the Primary Organization worker was a positive role model for their child.

Issues to consider

Targeted Early Intervention is designed as a long-term intervention for children who are at greatest risk of future delinquency. Study findings show that Targeted Early Intervention is a promising strategy for responding to high-risk delinquent children. In particular, program services help to improve school attendance and reduce both the number and severity of delinquent acts. Given the long-term nature of the model, it was not expected that the outcome analysis in Phase 2 of the evaluation would reflect the full impact of the program. The findings from Phase 2 of the evaluation identify several issues to consider for the ongoing implementation and operation of the Targeted Early Intervention model.

Provide additional assistance to other family members

During the parent follow-up interviews, parents voiced a desire for the program to expand services to the rest of the family, not just the participating child.

- 59% of parents favored expansion of services to other family members.
- 20% of parents were less than satisfied with the program’s ability to help the rest of the family.

Given the extremely high-risk nature of participating families, further exploration of effective services to TEI families is warranted.

Provide more activities that bring families together

More than half of the parents interviewed for the study favored more events with other families and the creation of a support group for parents. These families often experience crises and significant isolation. Further exploration of ways to help families build their own informal support networks may be an effective way of reducing formalized services over time while providing necessary help for families.

Provide additional support for school success

The program has proven effective in improving school attendance. However, the evaluation results indicate that participating children display aggressive behavior at school and struggle with learning. In addition, their conduct may deteriorate as the school year progresses (as evidenced by changes in the fall 1999 to spring 2000 behavioral assessment scores).

Teachers and schools may need assistance with meeting the high academic needs of Targeted Early Intervention participants. The program might consider involving teachers, school social workers, and other relevant school staff in the planning and team meetings for each child. Flexible and individualized services to promote school success could help children do better in school, addressing a major risk factor for future delinquency.

Provide comprehensive mental health assessments for participants

The results of the BASC teacher rating scale indicate that Targeted Early Intervention children exhibit many warning signs of serious emotional problems. The teacher rating scales were used solely for evaluation, not for clinical assessment. Nonetheless, it should be noted that all but 2 of the 42 children assessed by teachers scored in the clinically significant range on at least one of the measurement scales. In addition, teachers reported frequently needing to remove the child from the classroom due to behavior problems. Teachers also reported that TEI children frequently had difficulty paying attention in class. Nonetheless, Targeted Early Intervention children showed strong resiliency. Most are well liked, adaptable, and show leadership qualities. A comprehensive mental health assessment for participants may lead to useful and holistic treatment approaches.

Although Targeted Early Intervention staff provide referrals to mental health services for participants and families, staff report that families may not be accessing outside services. An examination of barriers to accessing mental health care and possible solutions may be necessary.

Directions for future evaluation

Future evaluation will be increasingly important in assessing the extent to which participation in Targeted Early Intervention is associated with the program's long-term outcome objectives. Continued attention will focus on trends in delinquency, school success, and exposure to abuse, neglect, and violence in the home. In addition, social competency, participant satisfaction, involvement in community activities, and interpersonal relationships will remain important factors to track. As the program expands its services to siblings of TEI children, the evaluation study will measure the impact of those services.

In addition, the evaluation will begin to assess which types of Targeted Early Intervention participants benefit most from the program. For example, subsequent delinquency rates could differ according to the severity of family risk factors at enrollment, the extent to which the child's family participates in the program, the success of the child at school, or the relationship between the child and his/her worker from the Primary Organization. The evaluation must take into account the increasingly voluntary nature of services and must scrutinize the general equivalence of the TEI and comparison groups. Careful study will focus on the characteristics and outcomes of families who decide to participate versus those who refuse program services.

Background

Impetus for the project

In 1995, the Hennepin County Attorney's Office began to document the increasing number of police reports describing children under the age of 10 who had committed delinquent acts. These children, even though the oldest was only 9 years old, were reported for crimes including burglary, arson, damage to property, assault, theft, shoplifting and criminal sexual conduct. Under Minnesota law, children under the age of 10 cannot be adjudicated delinquent. While it was possible to file a Child in Need of Protection and Services (CHIPS) petition or to informally refer the case to child protection staff, these interventions focus primarily on the parents. Until the development of the Targeted Early Intervention (TEI) program in 1997, little was done to directly intervene with very young children who committed delinquent acts.

In December 1995, the Hennepin County Attorney's Office published a research report, *Delinquents Under 10 In Hennepin County* (hereafter referred to as the 1995 research report). The report documented the high correlation of delinquent behavior with child protection reports, problems with school attendance and criminal activity of older siblings and parents. In addition, it was found that while a number of public agencies were working with these children's families, there was little focus on long-term outcomes for the children in terms of their overall well-being or crime prevention. (Appendix 1 contains a summary of the findings from the 1995 research report.)

After the 1995 research report was published, work began on the design and implementation of intervention strategies for delinquents under 10. Particular emphasis was placed on a long-term strategy to address those children thought to be at highest risk of future delinquency. This strategy is called "Targeted Early Intervention".

Predicting delinquency

Findings from the 1995 research report and a number of research studies carried out over the past 15 to 20 years illustrate the risk factors for predicting future delinquency (Buka and Earls, 1993; Loeber, 1982; Office of Juvenile Justice and Delinquency Prevention, 1994; Patterson, Crosby and Vuchinich, 1994; Snyder, Dishion and Patterson, 1988; West, 1982). In the 1995 research report, these factors were categorized into six areas:

- Age at first contact with the police or a documented incident of delinquency
- Abuse, neglect or violence in the home
- Other factors related to family functioning, including chemical and mental health problems, developmental disabilities, etc.
- Criminal or delinquent histories of parents or siblings
- Poor school attendance and school failure
- Absence of positive, supportive relationships with adults and peers

Early contact with the police has been shown to be one of the most reliable predictors of future delinquency. For example, one study found that children whose first contact with the police came between the ages of 7 and 12 subsequently averaged more serious crimes than those whose first contact with the police occurred between the ages of 13 and 16 (Wolfgang, 1972 in Loeber, 1982).

However, early contact with police is not in itself a causal factor but a symptom. The delinquent behavior generally results from a complex interplay of multiple factors (Buka and Earls, 1993). It is the accumulation of these risk factors that puts children at high risk of future delinquency. (For details on the predictive value of selected risk factors, see Appendix 1.)

Program development and project description

Program development¹

In January 1996, a Design Group was formed to develop a program model that would foster positive long-term outcomes and continued involvement for children who entered the program. The Design Group was comprised of representatives from both county and community-based agencies.

Targeted Early Intervention (TEI) was designed as an intensive, long-term intervention for children whose delinquent behavior while under the age of 10, in conjunction with the presence of other risk factors, places them at highest risk of future delinquency. The Targeted Early Intervention model utilizes many of the recommendations for delinquency prevention programs that have been found effective in research literature. (For a summary of relevant literature, see Appendix 3.) Studies have found that programs that identified and served children exhibiting risky behavior at younger ages, and combined early education, intervention, family support services and an integrated approach, had the broadest range of positive effects on children and families.

According to the design of the Targeted Early Intervention program, the child would remain in the program until age 18. The intensity of services to each child will increase or decrease as the need for services and support changes. The program's designers anticipated that a child would have the greatest need for intensive services upon first entering the program, and that as the child experiences more stability and success, he or she would require less intensive services.

Focus on long-term outcomes

The findings from the 1995 research report show that delinquent children under the age of 10 and their families have often received a wide range of short-term interventions from multiple public agencies with little focus on long-term child outcomes. In fact, many interventions focused primarily on modifying the behavior of the parent, with the assumption that some benefit will accrue to the child as well. The design of the TEI model differs from this approach in that all of the services for the TEI child and the child's family are focused on the achievement of long-term outcomes identified for each child.

¹ A more detailed description of the development of the Targeted Early Intervention program is contained in the *Delinquents Under 10: Targeted Early Intervention Phase I Evaluation Report*. This report is available from the Hennepin County Attorney's Office.

Four basic outcomes are the primary focus in this program model:

- Reduction in delinquent (criminal) behavior
- Reduction in exposure to abuse, neglect and violence in the home
- School success
- Social competency

Research has documented the relationship between the achievement of these outcomes and a reduction in future delinquency. (For a review of relevant literature, see Appendix 3.)

Outcomes for children for whom this program was not available

An examination of the long-term behavior of 34 children whose demographic and risk characteristics were most similar to the Targeted Early Intervention participants, but who turned 10 years old before TEI was available, shows discouraging outcomes. Without any intervention before the age of 10, 26 of the 34 children have been referred to the Hennepin County Attorney's Office for at least one additional offense. These 26 youth have been referred for an additional 233 offenses. From January 1999 to July 2000, 11 of the children have spent an average of 212 days each in out-of-home placement facilities due to their delinquencies. The cost for these placements was over \$361,000, an average of \$155.19 per child for a day of placement.

Project description

The Targeted Early Intervention model has two key components: the integration of county service delivery and the use of community-based agencies (referred to in the program model as Primary Organizations).

Integration of county service delivery

The majority of children participating in the Targeted Early Intervention program live in families who have extensive histories of involvement with numerous Hennepin County agencies. Within Hennepin County, a team of workers was formed to coordinate ongoing services to the families. This Integrated Service Delivery Team, representing three Hennepin County Departments, consists of social workers (2.0 FTE), a clinical psychologist (0.6 FTE), and a supervisor from Children and Family Services (0.5 FTE); a financial worker (0.8 FTE) and a support staff (1.0 FTE) from Economic Assistance; and a community health nurse (1.0 FTE) from Community Health. In addition, the County Attorney's Office provides an attorney (0.25 FTE) for consultation to the team and for

any court activities involving children in the program. The Integrated Service Delivery Team is the first project in Hennepin County in which workers from several departments share office space and responsibility for a caseload of families.

When a child and family are enrolled in Targeted Early Intervention, the Integrated Service Delivery Team meets with the parents to assess their capacity to support the long-term outcomes for the child and to identify barriers to the achievement of these outcomes. Based on the assessment results, a primary function of the Integrated Service Delivery Team is to develop a plan for addressing the needs of the child and family in a way that is sensitive to the family's current situation. Frequently, the initial plans are designed to help stabilize families, who often enter the program in a crisis situation with multiple issues. For many of the families, basic needs such as food, clothing and shelter must be addressed before other efforts aimed at achieving positive, long-term outcomes for the child can be effective. Beyond providing crisis assistance, the Integrated Service Delivery Team addresses such concerns as maintaining stable housing, management of finances, parenting skills, domestic violence, chemical and mental health issues, and chronic physical health concerns.

Primary Organizations (community-based agencies)

While the Integrated Service Delivery Team works primarily with the parents of the Targeted Early Intervention children, much of the work that is done directly with the children is done by community-based, non-profit service organizations. The County Attorney's Office currently contracts with four community-based agencies to function as Primary Organizations for the Targeted Early Intervention children (see Appendix 2 for a list of Primary Organizations). Each agency works with only a small number of children (5 to 10 per staff person). The principal focus of the staff in the Primary Organizations is to work intensively with the Targeted Early Intervention child to build the child's assets and resiliency through an emphasis on school participation and involvement with positive activities in the community.

To accomplish this, the Primary Organizations conduct a comprehensive evaluation of the child's experiences and develop an Individual Success Plan for each child that emphasizes long-term goals. The plan is reviewed regularly to measure the child's progress toward his or her outlined goals. Initially, much of the work is with parents, teachers and the child to improve school attendance and behavior, involve the child with positive after-school activities, tutor the child, and work with the parents to establish rules and expectations for the child at home.

In the original program design, the Primary Organization staff were also responsible for identifying a critical support person (mentor) for each child. It was anticipated that the critical support person would be someone with whom the child had an existing relationship (e.g., an extended family member, a teacher, a neighbor) and who would support the child's achievement of the long-term outcomes. However, Targeted Early Intervention children and their families are often extremely isolated. To date, it has not been possible to identify critical support persons for the majority of the children. Rather, the Primary Organization staff have themselves filled this role for many of the children. As a support for each child, the Primary Organization workers participate in or attend extracurricular activities with Targeted Early Intervention children and spend one-on-one time with each child (for details of worker activities, see Appendix 7).

Primary Organization staff are considered the bridge between the child, the family, the school and the service delivery team to ensure that the outcomes in each child's plan are being achieved and that the children are receiving the best possible services. Because the Primary Organizations are located in the communities in which the children live, staff are able to identify community resources, services and supports and connect the Targeted Early Intervention children to them.

Partnership between Primary Organization and Integrated Service Delivery Team

The Primary Organization and Integrated Service Delivery Team (ISDT) work closely together to serve the TEI children and their families. Initially, when the Screening Team assigns a child to TEI, the case is referred to the ISDT. Upon completing an initial case staffing the ISDT identifies a Primary Organization to which the child will be referred. The ISDT then meets with the Primary Organization staff person to discuss the needs of the child and the family and to clarify roles and responsibilities for addressing those needs. The Primary Organization and ISDT staff then meet on a monthly basis to review cases, to share expertise and to identify structured activities for the TEI children, as well as programs of support and services for parents and other family members.

Because of the strong working relationship between county departments and community-based agencies, Targeted Early Intervention is unique in the area of service delivery. Workers from community-based agencies tend to be more readily accepted than county staff by families. Some of the families have negative feelings about county agencies and may hesitate to work with them. For these families, the Primary Organization plays a key role in bringing the families and ISDT staff together so that the child and family's needs are met.

Program participation

Eligibility and enrollment

Eligibility determination

Screening of a child for potential enrollment in the Targeted Early Intervention program begins with a police report to the County Attorney's Office. Of the 38 police jurisdictions in Hennepin County, 28 have submitted reports on children under 10 years of age. However, the majority of referrals have originated from the Minneapolis Police Department. Upon receipt of the referral, an attorney screens the report to determine if there is legal sufficiency to proceed with the case.²

If the case is not legally sufficient, either it is returned to the police for additional investigation or the case is closed. If the case is legally sufficient, it is referred to the Delinquents Under 10 Screening Team, comprised of representatives from the County Attorney's Office, Department of Children and Family Services, and the Integrated Service Delivery Team (see Appendix 2 for a list of Screening Team members). There were 659 children referred to the Delinquents Under 10 Screening Team between January 1, 1996 and July 31, 2000. These children were referred for a total of 829 offenses.

The Screening Team determines the level of service intervention based on three considerations: 1) the nature of the delinquent act, 2) the child's level of responsibility for the act, and 3) the number, type and severity of risk factors that the child presents. A checklist of predictors of future delinquency, designed for this program, is currently used as a screening guide (see Appendix 4). If the Screening Team determines that the child is not appropriate for the intensive Targeted Early Intervention program, there are other disposition options available in Hennepin County. These disposition options include: letter from the county attorney to the family, referral to child protection, direct referral to services, diversion programs, child-focused services provided by the Department of Children and Family Services, or a Child In Need of Protection or Services (CHIPS) petition. (These disposition options are further described in Appendix 5.)

² In order to proceed with the case, reports must contain enough information to show that there is probable cause. This means that it must be more probable than not that a) an offense was committed, and b) that the accused individual committed the offense.

Enrollment

Targeted Early Intervention began serving children and families in April 1997. Since inception, 107 children have been identified as appropriate for enrollment in TEI and 49 children have been enrolled and received services.³ Of the 49, 13 cases have been closed due to the family moving out of county (n=7) or refusal of services (n=6). The average length of enrollment for both open and closed cases was 27 months (as of September 1, 2000). For closed cases, the enrollment period has ranged from 16 months to 38 months. For open cases, the enrollment period currently ranges from 1 month to 40 months. There are 36 children currently enrolled in the Targeted Early Intervention program. While court intervention was initially used to compel participation, involvement in the program has become increasingly voluntary. Currently, parents of children who are identified as appropriate for Targeted Early Intervention can refuse services or drop from the program, as long as there is not an active court case plan which requires participation.

Participant characteristics

- The 49 children who have participated in Targeted Early Intervention were referred for 67 offenses.
- The most common offense was shoplifting (21 offenses), followed by assault and damage to property (12 offenses each).
- Eighty percent of TEI participants were male.
- Ninety-six percent of TEI participants were children of color; racial background was 78 percent African-American, 14 percent Native American, 4 percent other/mixed, and 4 percent white.
- Their average age at enrollment was 8.8 years.
- Most children referred to Targeted Early Intervention were Minneapolis residents (92% of all TEI participants).

³ There are five reasons why children were identified for TEI but may not have received services: 1) because TEI was not implemented until April 1997, children that were identified as appropriate for TEI prior to the program implementation were provided other services; 2) the child's family moved from Hennepin County between the time of the offense and the referral to TEI; 3) the child was involved in other court actions that would have affected their involvement in TEI (i.e., Termination of Parental Rights proceedings); 4) the TEI program was at capacity; or 5) the child and family were offered services, but declined to participate in the program.

These children are growing up in high risk environments. Of the 49 children who have participated in the program, 96 percent lived in families that have received some form of economic assistance, 92 percent lived in families that have had at least one child protection or child welfare case opening, 92 percent lived in families that have had at least one child protection assessment, 78 percent have mothers with a criminal history, 69 percent have an older sibling with a delinquency history, 80 percent lived in families with a history of domestic abuse and 65 percent lived in families in which at least one member had received services for chemical health issues.⁴ In addition, 60 percent of the mothers were age 17 or younger at the birth of their first child. (For a risk factor analysis, see Appendix 6.)

Behavioral assessment

The Behavioral Assessment System for Children (BASC) is a standardized tool used to evaluate children's behavior. The BASC Teacher Rating Scale is a comprehensive measure of both adaptive and problem behaviors in the school setting. Each school year, teachers are asked to complete a BASC assessment for children enrolled in TEI. Participation by teachers is voluntary. This report analyzed data from the initial BASC completed by the TEI child's teacher. This data provides information about the emotional and behavioral risks of TEI participants. Initial BASC assessments were available for 42 of the 49 children (86%) who have participated in TEI.

Results of the analysis show that TEI children experience serious risks in nearly every area. Forty of the 42 children scored in the clinically significant range on at least one of the 12 scales. On average, TEI children scored in the clinically significant range on 6 of the 12 scales.

⁴ For purposes of this report, crimes charged refers to any misdemeanor for which a citations has been filed or any misdemeanor, gross misdemeanor or felony for which a criminal complaint has been filed in district court.

1. BEHAVIORAL ASSESSMENT OF PARTICIPANTS BY THEIR TEACHERS (BASC SCORES)

N=42	All TEI Children	
	Number in at-risk range at first assessment	Number in clinically significant range at first assessment
Externalizing	19%	52%
Hyperactivity	29%	19%
Aggression	41%	36%
Conduct problems	17%	60%
Internalizing	17%	17%
Anxiety	29%	2%
Depression	12%	12%
Somatization	10%	14%
Withdrawal	17%	7%
Atypicality	24%	7%
School problems	43%	17%
Attention problems	41%	17%
Learning problems	38%	17%
Adaptive skills	55%	2%
Adaptability	34%	28%
Social skills	33%	2%
Study skills	50%	10%
Leadership	29%	-

Note: “Clinically significant” is the most severe rating on this scale; “at risk” is the second most severe.

Source: BASC Teacher Rating.

These findings indicate that many of the children involved in TEI display disruptive and aggressive behaviors at school and struggle with learning tasks. Teachers do not see most TEI children as withdrawn, depressed or anxious. Instead, the majority of TEI children exhibit average or above average social and leadership skills.

The high proportion of children scoring in the “clinically significant” and “at-risk” range indicate that many of the TEI participants may suffer from emotional, behavioral, and/or learning problems or disabilities.

Services provided by the program

Primary Organization

Primary Organization staff reported the types of services they provided to the youth and families on their TEI caseload each quarter. From July 1999 to June 2000, the most commonly reported services were advocacy, case management/case plan follow-through, and counseling/education. The most common activities that Primary Organization staff provided for TEI children were extracurricular activities (92% of children served), supporting the children in achieving goals related to school (90% of those served), taking children on outings (90% of those served), and developing informal supports (83% of those served). In addition, Primary Organization workers connected children with mental health services (50%) and provided active referrals for other medical services to both children (37%) and their parents (31%). Two-thirds of families also received assistance with basic needs such as food, clothing, utilities, and furniture. In addition, most families received services for other children in the household – that is for siblings of the Targeted Early Intervention child.

Services less commonly provided by Primary Organization staff were those addressing domestic violence (27%), child care (32%), adult mental health (36%), and chemical dependency (39%). (See Appendix 7, for a complete list of Primary Organization staff activities.)

The level of service that the Primary Organization staff provided to TEI participants varied. For the 49 children who have been involved in Targeted Early Intervention, contact with their Primary Organization workers ranged from very minimal (about 1 contact per month) to high (8 or more contacts per month). The average level of contact between TEI children and the Primary Organization worker was about four contacts a month (as recorded in the Quarterly Update Dosage Tracking Form; see copy in Appendix 8).

Integrated Service Delivery Team

Integrated Service Delivery Team staff were asked to indicate what types of services they provided to the youth and families on their TEI caseload each quarter. The services of the ISDT are focused on the family and the child, and relate to the long-term needs of the child. From July 1999 to June 2000, active case management and advocacy were the services most commonly provided by ISDT workers. Particularly in the area of education, ISDT staff provided case management (72% of children served) and advocacy (32% of children served). ISDT staff often provided active referral or case management in the areas of children's mental health (41%), court/legal issues (37%), connecting children to extra curricular activities (28%), children's health needs (28%), and parental mental health (26%). In half the cases, ISDT provided services to other children in the home, siblings of the Targeted Early Intervention child. Assistance with basic needs, such as maintaining housing, are also commonly addressed by ISDT staff.

Domestic violence (9%), child care (11%), and chemical dependency (22%) were less likely to be addressed through some type of services. It is clear from looking at the service logs that the ISDT staff's time is concentrated on case management and case plan follow-through while the Primary Organization staff's time is spent with the kids pursuing educational and community involvement goals (see Appendix 7 for a complete list of ISDT and Primary Organization staff activities).

Evaluation design

Primary research questions

Wilder Research Center was contracted to design and implement an evaluation of the Targeted Early Intervention project. The first phase of the evaluation provided a foundation for the ongoing research and evaluation of the Targeted Early Intervention model, and includes process evaluation findings, as well as baseline data for the outcomes.⁵ The purpose of the second phase of the evaluation is to answer the following questions:

Outcomes

- Is participation in Targeted Early Intervention associated with a reduction in delinquent (criminal) behavior?
- Is participation in Targeted Early Intervention associated with a reduction in exposure to abuse, neglect and violence in the home?
- Is participation in Targeted Early Intervention associated with school success?

Participant satisfaction and perceived impact

- Are parents and children satisfied with the Targeted Early Intervention program?
- Is participating in Targeted Early Intervention associated with an increase in social competency?

Wilder Research Center and the Hennepin County Attorney's Office employed a variety of data collection methods in order to obtain descriptive information, outcome data, participant satisfaction, and perceived impact of the program. Data sources included interviews with TEI children and parents, staff activity and service tracking results, feedback from teachers including BASC results, school attendance data, and Hennepin County administrative data which included police reports and placement data.

⁵ Results of the first phase of the evaluation can be found in the *Delinquents Under 10: Targeted Early Intervention Phase I Evaluation Report*. This report is available from the Hennepin County Attorney's Office.

Study cohorts

This report focuses on one comparison group and two cohorts of program participants:

Comparison cohort (under 10 offenses committed in 1993-1995)

- This group consists of 34 children referred to the County Attorney's Office between July 1, 1993 and January 31, 1995, prior to the development of Targeted Early Intervention. These children had risk factor scores most similar to those served in TEI. These children constitute a comparison group to the children who are currently being screened in the Delinquents Under 10 effort; they did not receive any significant intervention in response to their delinquent behavior while under the age of 10. Comparisons between this cohort and the TEI participants are age-adjusted as described on page 27.

Phase 1 Targeted Early Intervention cohort (referred to program April 1997-July 1998)

- These are 33 children served by the program during the first phase of the evaluation. These children participated in the program for at least eighteen months (enrolled between April 1997 – July 1998), and with sufficient follow-up time to examine outcomes.

Phase 2 Targeted Early Intervention cohort (referred to program August 1998-July 2000)

- These are the 16 children referred in August 1998 – July 2000 and served during the second phase of the evaluation.

For the outcome section of the evaluation, only Phase 1 Targeted Early Intervention participants (n=33) and comparison group children (n=34) are included.

The participant satisfaction section includes both Phase 1 and Phase 2 participants (n=49), but not the comparison group children.

Outcomes: study methods and results

Minneapolis School attendance data and Hennepin County administrative data including child protection, delinquent activity, placement and placement cost data are examined for the Phase 1 TEI cohort (participants opened during Phase 1: April 1997 – July 1998). This outcome data was collected in the summer of 2000, providing for at least 18 months of service for each child and a six month period for outcome assessment. Youth who entered the program during Phase 2 (August 1998 – July 2000) have not been in the program long enough to adequately assess outcomes. The Phase 2 cohort is therefore only included in measures of participant satisfaction, perceived impact, and descriptions of program participants.

Description of Phase 1 cohort and comparison cohort

Hennepin County administrative data and Minneapolis Public Schools data are examined for the Phase 1 TEI Cohort as well as a comparison cohort of pre-intervention period children. Selected in the first phase of the evaluation, criteria for inclusion in the comparison group includes children who:

- Were under age 10 at time of referral to the County Attorney's Office.
- Were referred to the County Attorney's Office between July 1, 1993 and January 31, 1995 (prior to the development of Targeted Early Intervention program).
- Presented risk factor scores most similar to those served in TEI (very high risk).
- Had no significant intervention in response to their delinquent behavior while under age 10.

It should be noted that the Phase 1 cohort and the comparison cohort share very similar demographic and risk characteristics (see Figure 2). Comparing school attendance, child protection, criminal activity, placement and cost data for these two groups, therefore, provides a way to assess the impact of participation in the Targeted Early Intervention program versus no early intervention.

2. ESTIMATES OF GROUP EQUIVALENCE AT TIME OF ASSIGNMENT

	Phase 1 TEI participants (n=33)	Comparison children (n=34)
Child characteristics		
Average age at time of offense	8.0	8.7
Male	79%	77%
Children of color	94%	82%
Resident of Minneapolis	91%	85%
Most common offenses	Shoplifting & Assault	Shoplifting & Other theft
Average number of police contacts prior to age 10	1.16	1.06
Family characteristics		
Mean number of child protection assessments per family	3.6	4.4
Percent of families with Child in Need of Protection & Services (CHIPS) petitions	46%	46%
Mean number of out-of-home placements per family	3.8	4.3
Single-parent households	70%	80%
Mean number of children at home	4.4	5.1
Mean number of prior offenses by siblings	5.5	6.7
Percent of families with domestic abuse charges	76%	31%

Source: Hennepin County administrative data.

Demographics of Phase 1 TEI cohort and comparison cohort

While the ages of the children at the time of the offense ranged from 5 years of age to 10 years of age⁶, the vast majority of the children were between the ages of 7 and 9 years. The mean age of the Phase 1 TEI participants was 8.0 years, similar to the mean age of 8.7 years for the comparison group children.

⁶ All children were under the age of 10, except for one child whose date of birth was incorrect on the police report.

3. AGE AT TIME OF OFFENSE

	Mean age	5	6	7	8	9	10*
Phase 1 TEI participants (n=33)	8.0	0%	6%	27%	21%	39%	3%*
Comparison children (n=34)	8.7	3%	-	15%	35%	47%	-

Note: One child was referred as a delinquent under 10 because his date of birth was incorrect on the police report. This error was identified only after the child became involved in TEI. The decision was made by the parent and program staff to continue with the program intervention for this child.

The proportion of children of color is higher among TEI participants than in the comparison group. Ninety-four percent of the Phase 1 TEI participants are children of color, compared to 82 percent of the comparison group children.

4. RACE

	Asian	African American	Caucasian	Hispanic	Native American	Other (including mixed)
Phase 1 TEI participants (n=33)	-	70%	6%	-	21%	3%
Comparison children (n=34)	-	56%	18%	-	27%	-

Most children referred to Targeted Early Intervention were Minneapolis residents (91% of all TEI participants). The comparison group had a slightly higher rate of suburban residents (see Figure 5).

5. RESIDENCE OF CHILD AT DATE OF OFFENSE (COMPARISON) OR REFERRAL (TEI)

	Minneapolis	Suburban
Phase 1 TEI participants (n=33)	91%	9%
Comparison children (n=34)	85%	15%

The risk factor analysis of the two cohorts shows very similar indicators of family risk. With the exception of domestic violence, all other areas are similar for the two groups, including child maltreatment, family functioning, family composition, and family criminal histories. Nonetheless, there was a significant difference in the area of domestic abuse charges. Seventy-six percent of TEI children and 31 percent of comparison group children were reported to live in families with at least one domestic abuse charge. However, Hennepin county staff report that differences in domestic abuse charges between the two groups is likely due, in part, to differences in reporting, record-keeping, and prosecution that occurred during the two time periods rather than dramatic differences between the groups themselves.

A more accurate measure of family violence may be the incidence of domestic abuse calls to police rather than domestic abuse charges. A review of Minneapolis police records indicates that nearly all of the children in both groups (85% of TEI children and 97% of comparison group children) lived in homes with a history of police calls related to domestic violence, abuse or neglect.

Initial offense information

Figure 6 contains a list of the actual offenses committed by Phase 1 TEI participants referred to the County Attorney’s Office from January 1996 to July 1998, and for children in the comparison group between 1993 and 1995.

For the Phase 1 TEI participants, the most common offenses were shoplifting (40%), assault (17%) and damage to property (14 %). For the comparison group, the most common offenses were shoplifting and other theft (24% each), followed by damage to property (21%).

6. QUALIFYING OFFENSES

	Phase 1 TEI participants (n=33)	Comparison children (n=34)
Theft – shoplifting	14	8
Assault	8	5
Damage to property	7	7
Arson or unintentional fire	3	2
Theft – other	3	8
Burglary	2	3
Damage to motor vehicle	2	-
Criminal sexual conduct	1	1
Motor vehicle tampering	1	-
Receiving and/or concealing stolen property	1	-
Disorderly conduct	-	1
Possession of stolen property	-	1
Total	42	36

Outcome study period

For the purposes of this study, the time period measured for each child begins with the disposition date (this is the date of TEI enrollment) for the TEI cohort and with the date of the offense for the comparison cohort. In order to study outcomes, a six-month study period was identified for each child. For the Phase 1 TEI participants, this six months of study occurred starting on the date when the child had been enrolled in TEI for 18 months and continued until the child had been enrolled in TEI for two years.⁷ The average age for the Phase 1 TEI children at the beginning of that time period was 10.68 years. To ensure that the follow-up period for the comparison group children was equivalent, comparison group child outcomes were assessed during the six-month time period after they turned 10.68 years old.

⁷ The nature of qualifying risk factors and intervention methods requires children to receive a significant program “dosage” before measurable outcomes are likely to be detected. Program staff and researchers agreed on an 18 month service period as adequate length of program exposure on which to base an assessment of program effectiveness using key outcome measures.

Outcome data sources

A number of methods were used to collect the outcome data for this evaluation. These methods are described below. The forms used to collect the data can be found in Appendix 8 of this report.

7. OUTCOME DATA SOURCES

Outcome	Instrument/data source	Subject Group(s)
Reduction in delinquency	Administrative data from Hennepin County	Phase 1 TEI participants (n=33) & Comparison Group (n=34)
Reduction in exposure to abuse, neglect, and violence in the home	Administrative data from Hennepin County	Phase 1 TEI participants (n=33) & Comparison Group (n=34)
School success	Attendance data from Minneapolis Public Schools BASC and Child Assessment Teacher Supplement	Phase 1 TEI participants (n=33) & Comparison Group (n=34) Phase 1 TEI participants (n=33)
Social competency (results discussed in “perceived impact” section on page 46)	Interviews with participants & parents BASC and Child Assessment Teacher Supplement	All TEI participants (n=49) Phase 1 TEI participants (n=33)

Hennepin County administrative data (Phase 1 group and comparison group)

Staff from the Targeted Early Intervention program, Hennepin County Community Corrections and Management Support Services procured data from several databases including: the Juvenile Family Tracking System (JFTS), Total Court Information System (TCIS), LegalEdge Matter Management System, Hennepin County Attorney’s Office Delinquents Under 10 Database, Computer Assisted Police Reporting System (CAPRS), Community Services Information System (CSIS), and JUVIS (juvenile probation information).

A search of Hennepin County data was done for all 33 Phase 1 TEI participants, as well as for the comparison group of 34 children. Wilder Research Center staff analyzed the data.

Minneapolis Public Schools attendance data (Phase 1 group and comparison group)

A search of attendance data was done for the 33 Phase 1 TEI children and 34 comparison group children. Staff from the Minneapolis Public schools searched attendance databases for the 1994-95, 1995-96, 1996-97, 1997-98, 1998-99, and 1999-00 academic years. Again, attendance data began being tracked during the school year that corresponded with the disposition date (this is the date of TEI enrollment) for the TEI cohort and the date of the offense for the comparison cohort. If a TEI child had their disposition during the summer or if a comparison group child committed their offense during the summer, the attendance tracking began the following school year.

As with the Hennepin County administrative data, attendance data were analyzed during the full school year that most closely corresponded to the six-month study period identified for each child. (For a description of how the six-month study period was determined, see page 27.)

Days absent were tracked against the number of days the child was enrolled in school. All data were entered and analyzed by Wilder Research Center staff.

Minneapolis Public Schools attendance data were available for 28 of 33 Phase 1 TEI children and 29 of 34 comparison group children. The response rate was 85 percent for both the Phase 1 TEI group and for the comparison group. Children were excluded from the analysis if Minneapolis Public Schools had no record of their attending school (n=5) or if the record showed that they were never enrolled for more than half of a school year during the time period measured (n=5).

Child Assessment Teacher Supplement (Phase 1 group)

In the fall and the spring of each school year, the TEI child's teacher is asked to complete a Child Assessment Teacher Supplement as well as a Behavioral Assessment System for Children (BASC, see below) for each participating TEI child. The Child Assessment Teacher Supplement includes questions about child's academic achievement, attendance, behavior, and participation in school. The Primary Organization is responsible for collecting these forms from teachers. All data were entered and analyzed by Wilder Research Center staff.

These Child Assessment Teacher Supplement data are collected only for TEI participants. The outcomes analyzed included the Phase 1 TEI children only. Results from the fall of 1999 were compared with the results of the spring of 2000. Data were available for 16 of the 33 youth in the TEI baseline cohort. The response rate was 48 percent.

Behavioral Assessment System for Children (Phase 1 group)

The *Behavioral Assessment System for Children* (BASC) is a standardized tool used to evaluate children's behavior in the school setting. The BASC Teacher Rating Scales (TRS) is a comprehensive measure of both adaptive and problem behaviors in the school setting. Primary Organization staff distributed the BASC forms to the teachers of children on their TEI caseloads. Teachers were required to have known the child for at least two months before filling out the form. All data were entered and analyzed by Wilder Research Center staff.

BASC data were collected for all open TEI participants. Phase 1 TEI Child Assessment Teacher Supplements were analyzed for this section of the report. Results from the fall of 1999 were compared with the results of the spring of 2000. Data were available for 18 of the 33 youth in the TEI baseline cohort. The response rate was 55 percent.

Integrated Service Delivery Team Family Summary (Phase 1 group)

ISDT staff members were asked to complete a Family Summary form for each child on their TEI caseload. The form was designed to assess the extent to which parents provide various types of support and encouragement to their children. A baseline Family Summary form is completed within the first three months after the child is referred to Targeted Early Intervention. If a child participated in the program for two years, the ISDT staff completed a follow-up Family Summary form. The instrument included closed-ended questions about risk and protective factors present for each child's primary male and female caregiver, as well as risk and protective factors for the child and the child's household. The Family Summary data are only collected for TEI participants.

It was expected that this data could be used to examine changes in parenting practices and household characteristics over time. However, because of incomplete data and incarceration of some parents during the study period, the form proved to be of limited value in examining the parental support of children. For this reason, the data are not reported here but will be analyzed again for the Phase 3 report.

Outcome study results

Delinquency

Number and severity of offenses

In examining the Hennepin County administrative data for the six-month study period, it appears that Targeted Early Intervention children were referred for fewer offenses, and less severe offenses than comparison group children.

While the number of children who were referred by police to the County Attorney's Office was similar among the two groups, the ratio of referred offenses per child was higher for comparison group children. TEI children were referred for 13 offenses during the follow-up period while comparison group children were referred for 25 offenses (see Figure 8).

8. OFFENSES REFERRED TO HENNEPIN COUNTY ATTORNEY'S OFFICE DURING 6-MONTH STUDY PERIOD

	Phase 1 TEI group (n=33)	Comparison group (n=34)
Number of offenses (includes status offenses)	13	25
Number of youth corresponding to the above offenses	7 (21%)	10 (29%)
Number of offenses per youth offender	1.9	2.5

Source: *Hennepin County administrative data.*

In addition to examining offenses that were referred to the Hennepin County Attorney's Office, data were collected on the cases in which charges were subsequently filed.

During the six-month study period, comparison group children were charged with three felonies and three gross misdemeanors, while TEI children had no charges more severe than a misdemeanor. Differences in offense severity between the groups were statistically significant (see Figure 9).

9. OFFENSE SEVERITY DURING 6-MONTH STUDY PERIOD (CHARGED OFFENSES ONLY)

Type	Phase 1 TEI children (n=33)	Comparison children (n=34)
Minor offenses (misdemeanors, petty offenses, status offenses)	11	10
Major offenses (felonies, gross misdemeanors)	0	6
Total charged offenses	11	16

Chi square (corrected for small sample size): $\chi^2 = 3.36$, d.f.=1, $p \leq .05$

Source: Hennepin County administrative data.

Repeat offenses by TEI participants

An analysis was done of offenses committed by Phase 1 TEI participants after they enrolled in Targeted Early Intervention. After 18 months, TEI participants are considered to have received a minimum “dose” of Targeted Early Intervention services. After 18 months in the program and until July 31, 2000:

- There were no further offense referrals for 18 of the 33 TEI participants (55%).
- Fifteen (45%) of the TEI participants were referred for an additional 38 offenses. Of this group, 10 had committed offenses during the first 18 months after enrollment.

Delinquency placements

Two Targeted Early Intervention children were in placements during the six-month study period. The total number of days placed for both children during the six-month study period was 154 days, for a cost of \$24,019. During the six-month follow-up period, none of the comparison group children were in placements due to their delinquency. Although the number of placements is too low to draw any conclusions regarding differences between the two groups, this outcome bears watching. Program staff speculate that earlier placements for TEI children may result in fewer longer term and more costly placements often seen with older children. This type of analysis will be carried out in the Phase 3 report.

10. OUT-OF-HOME DELINQUENCY PLACEMENTS DURING 6-MONTH STUDY PERIOD

	Phase 1 TEI children (n=33)	Comparison children (n=34)
Number of children placed	2	0
Total number of days placed	154 days	0
Total cost	\$24,019	0

Note: Placements continued beyond the study period and totaled 389 days for a total cost of \$58,609

Source: Hennepin County administrative data.

Abuse, neglect, and exposure to violence**Involvement with child protection**

The risk factor analysis found that most youth in both the comparison group and the TEI group lived in families that had multiple contacts with the child protection system. As of July 2000, 88 percent of the children in both groups lived in families where there had been at least one child protection assessment. A similar proportion (91% for TEI and 88% for comparison cohort) lived in families where there had been at least one child protection or child welfare case opening.

Figure 11 examines Hennepin County Child Protection data during the six-month study period. Although the TEI or comparison group child may not be named in the child protection report, any child protection activity that corresponds to the family of the child is included in the analysis. Because there are some cases in which more than one child in a family is in the TEI cohort and comparison cohort, the number of eligible cases changes. For the Phase 1 TEI cohort, there are 33 children in 28 families. For the comparison cohort, there are 34 children in 33 families.

During the six-month study period, one TEI family had two assessments with child protection, and five comparison group families had one assessment each.

- Three TEI families and nine comparison group families had child protection cases that were already open at the time of the six-month study period.
- None of the TEI families and three of the comparison group families had a child protection assessment done while they were already open with child protection during this period.

11. CHILD PROTECTION CASES AND ASSESSMENTS DURING 6-MONTH STUDY PERIOD

	Phase 1 TEI families (n=28)		Comparison families (n=33)	
	N	%	N	%
Number of families with child protection cases open	3	11%	9	27%
Number of families assessed by child protection	1	4%	5	15%
Number of assessed families with cases already open	0	-	3	9%

Chi square (corrected for small sample size): $\chi^2 = 3.26$, d.f.=1, $p = .07$

Source: Hennepin County administrative data

Figure 12 again examines Hennepin County Child Protection data. Both of the assessments done for the TEI family during the study period were for educational neglect. Three of the comparison group family assessments were for physical injury, one was for educational neglect, and one was for abandonment.

12. PRESENTING PROBLEM AT CHILD PROTECTION INTAKE

	Phase 1 TEI families 6-month study period (n=2 episode)		Comparison families 6-month study period (n=5 episodes)	
	N	%	N	%
Physical injury	-	-	3	60%
Educational neglect	2	100%	1	20%
Abandonment	-	-	1	20%

Source: Hennepin County administrative data.

Figure 13 examines child protection assessments that were determined as maltreatment during the six-month study period. For the Phase 1 TEI families, both assessments were determined as maltreatment, for the comparison group families, four of the five were determined as maltreatment.

Determinations

13. CHILD PROTECTION ASSESSMENTS WHERE MALTREATMENT WAS DETERMINED DURING 6-MONTH STUDY PERIOD	Phase 1 TEI families (n=28) (n=2 episode)	Comparison families (n=33) (n=5 episodes)
Maltreatment determinations during six-month study period	2	4
Not maltreatment	0	1

Source: Hennepin County administrative data.

Domestic violence

Domestic violence within the family was extremely common among the TEI participants. Prior to enrollment in TEI, 24 of the 28 Phase 1 TEI families had a total of 160 calls to police related to domestic violence. After enrollment into TEI, 14 families had a total of 48 calls to police related to domestic violence.

As of the date of the under age 10 offense or screening, the risk factor analysis found that 79 percent of TEI participant children and 35 percent of comparison group children lived in families with at least one domestic abuse charge.

As noted earlier, differences in reporting, record keeping, and prosecution that occurred during the earlier time period associated with the comparison group hinders full comparison of domestic abuse “charges” between the two groups.

However, a report is filed in the Computer Assisted Police Reporting System (CAPRS) database every time a Minneapolis police officer responds to a home. An analysis was done of CAPRS data for each child in the comparison cohort and each child in the Phase 1 TEI cohort during the 6 month study period (see Figure 14).

- During this study period, seven comparison group families (20.5%) versus four TEI families (12.1%) had calls related to domestic violence.

14. DOMESTIC VIOLENCE CALLS DURING 6-MONTH STUDY PERIOD

	Phase 1 TEI families (n=28)	Comparison families (n=33)
Number of calls	5	9
Number of families corresponding to the above calls	4	7

Source: Minneapolis Police Department, Computer Assisted Police Reporting System database.

The difference in number of police calls and families corresponding to the calls during the study-period was not statistically significant. Further examination of the most recent two years of police data shows that both groups have similar numbers of families generating calls. From August 1, 1998 – July 31, 2000, 16 TEI children and 15 comparison group children lived in families with calls to police related to domestic violence or abuse. This data indicates that children in both groups are at high risk for exposure to domestic violence.

School performance results

School attendance

A search of attendance data was done for all Phase 1 TEI children and comparison group children. Minneapolis Public Schools attendance data were available for 28 of 33 Phase 1 TEI children (85%) and 29 of 34 comparison group children (85%). As with the Hennepin County administrative data, attendance data were analyzed during the entire school year that most closely corresponded to the six-month study period identified for each child. (For a description of how the six-month study period was determined, see page 27.)

Data indicates that involvement with the Targeted Early Intervention program is associated with improved school attendance for the majority of TEI participants. Without TEI, comparison group children missed nearly two times as much school during the study year.

- TEI children missed on average 16.9 days and comparison group children missed on average 32.6 days. The difference in average days missed between the two groups was statistically significant.
- This difference was also true when a child's total possible enrollment days were considered. Comparison children missed 20 percent of the days that they were enrolled during the study year, while TEI children missed 11 percent (see Figure 15).

15. ATTENDANCE DURING THE SCHOOL YEAR THAT CORRESPONDED WITH 6-MONTH STUDY PERIOD

	Phase 1 TEI children (n=28)	Comparison children (n=29)
Number of absences during study year	472.5 days	879.5 days
Percentage of enrollment days absent during study year	10.6%	20.4%
Average absences per child during study year	16.9 days	32.6 days

T-test: $t = 3.36$, $d.f. = 53$, $p = .001$

Source: *Minneapolis Public Schools.*

A further analysis of school attendance data for Phase 1 TEI children indicated that on average TEI students attended school 88 percent of the time since they began Targeted Early Intervention. In 1997-98, TEI children averaged 86 percent attendance; in 1998-99, they averaged 91 percent attendance; and 1999-00, they averaged 87 percent attendance.

School participation and behavior

In the fall and the spring of each school year, the TEI child's teacher is asked to complete a Child Assessment Teacher Supplement as well as a Behavioral Assessment System for Children (BASC) for each open TEI child. The Teacher Supplement includes questions about the child's academic achievement, behavior and participation in school.

Child Assessment Teacher Supplements were collected for all open TEI participants. The results that follow show comparisons between the fall of 1999 and the spring of 2000 for Phase 1 TEI children. A Child Assessment Teacher Supplement was available for 16 of the 33 children for a response rate of 48 percent.

Results from the Child Assessment Teacher Supplements indicated that TEI children have serious academic challenges. The vast majority of TEI children are below grade level in reading, writing, and math (see Figure 16).

- In the spring of 2000, teachers report that 94 percent of Phase 1 TEI children were reading below grade level.
- In the spring of 2000, 87 percent of Phase 1 TEI children were below grade level in writing and math.

With regard to classroom participation of TEI children, teachers reported that the majority of TEI children had difficulty focussing on tasks. Nonetheless, more than half of the teachers report that they have a good relationship with the child. Most teachers report that the TEI child respects the authority of the teacher and responds when called upon (see Figure 16).

16. TEACHER RATING OF SCHOOL PERFORMANCE, FALL 1999 TO SPRING 2000

N=16	Phase 1 TEI children	
	Fall 1999	Spring 2000
	%	%
Academic skills		
Child is reading at or above grade level	19%	6%
Child is writing at or above grade level	13%	13%
Child is able to do math at or above grade level	21%	13%
Behavior skills		
Child's ability to focus is good or very good	25%	20%
Teacher's relationship with child is good, very good, or fantastic	80%	56%
Child responds to teacher in class when called upon	93%	94%
Child respects teacher's authority	93%	88%

Source: *Child Assessment Teacher Supplement*

Teachers were asked to estimate the number of times the TEI child had to be removed from class during the past 30 days due to behavior:

- In the fall, TEI children were removed an average of 2.6 times in a 30-day period due to behavior.
- In the spring of 2000, TEI children were removed from class an average of 4.7 times in a 30-day period due to behavior.

In addition to the Child Assessment Teacher Supplement described above, teachers were asked to complete a Behavioral Assessment System for Children (BASC). The BASC is a standardized assessment tool used to evaluate children's behavior. Again, outcome results from fall of 1999 were compared with the results of the spring of 2000 for Phase 1 TEI children. Data were available for 18 of 33 children for a response rate of 55 percent.

Results of the analysis of BASC data indicate that TEI children experienced serious risks in nearly every area. These risks did not diminish over the course of the school year. There was no significant improvement in the mean scores for any area between the fall of 1999 and the spring of 2000. Scores show that children in Targeted Early Intervention have behavior problems that cluster in the areas of externalizing and school problems.

- In the fall of 1999, 16 (89%) of the 18 TEI children scored in the clinical range on at least one of the scales.
- From fall 1999 to spring 2000, six TEI children (38%) showed improvements in the number of scales that were in the at-risk or clinical range, while 10 children (63%) showed deterioration in the number of scales that were in the at-risk or clinical range.
- In the fall of 1999, there were eight TEI children in the clinically significant range for the externalizing composite scale (includes hyperactivity, aggression, and conduct problems). Of these only one child improved to the at-risk range in the spring assessment.
- In the fall of 1999, three TEI children were in the clinically significant range and eight children were in the at-risk range for the school problems composite scale. Of these, two improved to the average range by the spring assessment.
- The most improvements could be seen in the adaptive skills composite scale (includes adaptability, social skills, study skills, and leadership). Of the five TEI children who were in the clinically significant (n=1) or at-risk (n=4) range, four improved to the average range.

The composite scales can be broken into individual scales. The most clinically significant scores came in the areas of conduct problems and aggression.

- In the fall, eight participants were in the clinically significant range for aggression and conduct problems. By spring 2000, three of the eight children improved in the aggression scale, none of the eight children improved on the conduct problems scales.
- There were no TEI children in the clinically significant range in the fall or spring on the anxiety, social skills, leadership, and study skills scales.

Figure 17 lists the number of children who were in the clinically significant or at-risk range in the fall of 1999. The second column shows the number of children who improved to the average ranges by the spring of 2000.

17. IMPROVEMENTS FOR TEI CHILDREN IN CLINICALLY SIGNIFICANT OR AT-RISK RANGE ON SPECIFIC BEHAVIOR SCALES

N=18	Phase 1 TEI Children	
	Number in clinically significant or at-risk range, fall 1999	Number who improved to average or low range, spring 2000
Externalizing		
Hyperactivity	6	-
Aggression	11	1
Conduct problems	11	1
Internalizing		
Anxiety	4	2
Depression	12	4
Somatization	5	2
Withdrawal	3	2
Atypicality	2	1
School problems		
Attention problems	10	3
Learning problems	13	4
Adaptive skills		
Adaptability	4	2
Social skills	3	2
Study skills	6	2
Leadership	3	2

Source: *BASC Teacher Rating.*

These findings indicate that TEI children are attending school, but are struggling with basic academic skills, behavior, and paying attention. Although TEI children experience these difficulties at school, many are seen as well-liked, adaptable and willing to express themselves as evidenced by the BASC scores and the Child Assessment Teacher Supplements that teachers completed.

Participant satisfaction and perceived impact: study methods and results

Participant satisfaction and perceived impact were examined for the entire Targeted Early Intervention Cohort (Phase 1 and Phase 2, n=49). All children who participated in the program since services began in April 1997 were eligible for follow-up study. Methods used to collect the satisfaction and perceived impact of services are described below. The forms used to collect the data can be found in Appendix 8 of this report.

18. PARTICIPANT SATISFACTION AND PERCEIVED IMPACT METHODS AND DATA SOURCE

	Data source	Subject group(s)
Satisfaction with services	Interview with participants and parents	All TEI participants (n=49)
Perceived impact of services	Interview with participants and parents	All TEI participants (n=49)
Perceived school success		
Perceived social competency		

Study methods

Interviews with Targeted Early Intervention participants and parents (all TEI participants)

Staff from Wilder Research Center conducted telephone interviews with Targeted Early Intervention participants and their parents during August through October 2000. Both open cases (n=36) and closed cases (n=13) were eligible for the child and parent follow-up interview. Children and parents were asked general questions about the perceived impact of the Targeted Early Intervention program, changes in child or family functioning, and satisfaction with Primary Organization and Integrated Service Delivery Team staff. All data were collected, coded, entered and analyzed by Wilder Research Center staff (see Appendix 8 for a copy of the parent and child interview).

Interview data were completed on 36 of 49 TEI child participants, and 29 of 39 parents (in some cases, a family may have had more than one child in the program). The response rate was 74 percent for both participants and parents (see Figure 19). Families that participated received a \$25.00 Target gift certificate. In the cases in which a child did not have a parent or guardian to complete the interview, the child’s social worker or

Primary Organization worker was sent the gift certificate to spend with the child who responded to the survey.

19. RESPONSE RATE FOR PARTICIPANT AND PARENT FOLLOW-UP INTERVIEWS

	Total eligible	Number of complete	Response rate
TEI participants (youth)	49	36	73.5%
TEI parent or guardian respondent	39	29	74.4%

Note: Includes all youth and families involved in TEI from July 1996 – July 2000.

For the 13 youth participants who did not complete the interview, one did not wish to participate in the study, and the rest (n=12) were unable to be contacted. For the 10 parents who did not complete the interview, one did not wish to participate and the rest (n=9) were unable to be contacted.

Results of parent and youth follow-up interview

Satisfaction

Most respondents report being very satisfied with Targeted Early Intervention. Overall, 90 percent of parents were “satisfied” or “very satisfied” with the services their child received as part of TEI.

- With regard to staff, parents report high satisfaction rates with the support provided by both the Primary Organization worker (97% report being satisfied or very satisfied) and the Integrated Service Delivery Team worker (83% report being satisfied or very satisfied).
- Parents report very high satisfaction in the ability of Integrated Service Delivery staff to listen and understand their concerns; 71 percent were “very satisfied” with their ISDT worker in this area.

Twenty percent of parents were less than satisfied with the program’s ability to help the rest of the family, not just the identified TEI child. Also of concern to a few parents was the Primary Organization staff’s ability to listen and understand parent concerns (17% were “very dissatisfied”); nonetheless, the vast majority of parents were very satisfied in this area (62%). Figure 20 illustrates parent satisfaction ratings on various items.

20. PARENT SATISFACTION RATINGS

N=29

How satisfied were you with:	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
The services your child received as part of the program	3%	3%	3%	24%	66%
The support that the Primary Organization staff has provided to family	3%	-	-	38%	59%
The support that the ISDT staff has provided to family	9%	4%	4%	39%	44%
The Primary Organization staff's ability to listen and understand concerns	17%	-	3%	17%	62%
The ISDT staff's ability to listen and understand concerns	10%	-	5%	14%	71%
The Primary Organization staff's ability to understand the family	4%	-	4%	42%	50%
The ISDT staff's ability to understand the family	5%	-	5%	57%	33%
Parent's level of involvement in planning services for child	4%	4%	7%	46%	39%
The number of times parent was asked to participate in meetings where services for child were discussed	3%	-	3%	55%	38%
The goals and plan that were developed for child	3%	3%	10%	24%	59%
Program's ability to help the rest of the family	4%	4%	12%	39%	42%

Parents were also asked what they like most about the program. The most common response was that their child was involved in activities and that their child had a better attitude (see Figure 21).

21. PARENTS' MOST APPRECIATED ASPECTS OF THE PROGRAM

N=29	Number of cases
Activities for children	7
Child has better attitude	6
Child participates in something positive	3
Support provided to parent/family	3
Child learned right from wrong	3
Child enjoys it	3
Increases child's confidence	2
Child knows the worker cares for him/her	2
Child has a role model	2
Child has someone to talk to	2

Note: *Items are included only if listed by more than 1 parent.*

“What would you say you like most about your child(ren)’s involvement with this program?” Selected responses:

- Since the program, my child is more positive about himself and the people he needs to be involved with. He now knows how to resolve conflict in a peaceful and non-violent manner.
- The support and the people who talked to me and helped me stay strong and focused.
- It has helped to build the child’s confidence. He knows right from wrong. Child knows he will pay the consequences for his actions. He has matured and it has taught him not to follow the crowd and do wrong.

Perceived impact of the program

Three-quarters of parents felt that things have improved for their child since starting the Targeted Early Intervention program. Nineteen percent of parents felt things were the same, and two parents (6%) felt things had worsened for their child. When parents were asked to expand on their response, parents commonly stated that school had improved and behavior had improved for their child(ren).

Perceptions of school success

Two-thirds of the youth reported that their Targeted Early Intervention worker(s) had helped them with school last year. These youth report that they have more fun at school (30%), receive better grades (26%), school work is easier (26%), and they behave better (26%) since they started spending time with their TEI worker(s). One-third of these youth mentioned tutoring as a service provided them by their TEI worker(s). Youth also mentioned that their TEI worker(s) provided motivation, talked to teachers and school staff about issues, provided school supplies, talked to youth about issues and anger, and provided transportation to school.

- Eighty-six percent of youth report that their grades have improved since they began the program.
- Eighty-three percent stated that they had received an award at school since they began the program.

Figure 22 describes parents' perceptions of child's progress school.

- More than two-thirds of parents felt that grades and attendance had improved for their child since beginning the TEI program.
- More than half felt that school behavior, getting along with teachers, and getting along with kids at school had improved since beginning TEI.

Nearly all of the rest of the TEI youth had “stayed the same” according to their parents. Very few parents stated that their child had “gotten worse.” None of the parents felt that their child was worse in the area of grades, getting along with teachers, and getting along with friends at school.

22. PARENTS’ PERCEPTIONS OF CHILD’S PROGRESS IN SCHOOL

N=29	Percent “Gotten Worse”	Percent “Stayed the Same”	Percent “Gotten Better”
School attendance	3%	29%	69%
Grades in school	-	33%	67%
Behavior at school	9%	34%	57%
Ability to get along with teachers	-	49%	51%
Ability to get along with kids at school	-	44%	56%

Note: Percentages may total more than 100 due to rounding.

Perceptions of social competency

All of the youth surveyed stated that they have had better relationships with friends since starting the program. In addition, 86 percent have made new friends. Half of the parents felt that their child’s skills in getting along with other kids had increased since participating in TEI.

Seventy-one percent of parents felt that their child’s feelings of self-esteem had increased since participating in TEI. In addition, 64 percent of parents felt that their child better understood the difference between right and wrong. Figure 23 examines the perceptions of parents about their child’s progress in various social competency areas.

23. PARENTS' PERCEPTION OF PROGRESS IN SOCIAL COMPETENCY

N=29	Percent "Decreased"	Percent "Stayed the Same"	Percent "Increased"
Interest in extracurricular activities	6%	39%	55%
Ability to solve problems on his/her own	-	49%	52%
Respect for family members	9%	43%	49%
Ability to get along with other adults	8%	44%	47%
Self control when frustrated or angry	12%	33%	55%
Understanding of consequences of behavior	9%	47%	44%
Willingness to carry out responsibilities	11%	29%	60%
Enthusiasm for school	3%	46%	51%
Willingness to help others	-	54%	46%
Skills in getting along with other kids	-	50%	50%
Ability to see self as a role model for other youth	3%	45%	52%
Feelings of self-esteem	-	29%	71%
Ability to get along at home	8%	42%	50%
Use of peaceful means to resolve conflicts	-	52%	48%
Ability to make good decisions	3%	49%	49%
Ability to set goals	9%	41%	50%
Knowing right from wrong	6%	31%	64%

Note: Percentages may total more than 100 due to rounding.

Relationship building with TEI staff

The vast majority of TEI participants and their parents expressed satisfaction with the relationship being built between the child and the TEI staff. Children were asked to describe what they liked best about their worker from the Primary Organization and the Integrated Service Delivery Team. More than half of the children responded that their workers were "fun" and "nice". The second most common response was that children liked participating in activities with their workers (32% stated this about their Primary Organization worker and 17% stated this about their ISDT worker).

“What do you like about [name of Primary Organization and ISDT worker]?” Selected responses:

He is a good guy. He helps me out with a lot of stuff, with hard things that I don't know how to do.

The way he treats me. He treats me nice. He's the big brother that I never had.

He's a nice guy and he takes me places like Gasoline Alley and he is nice to me. He helped me get somebody who helped me read.

More than 91 percent of parents felt that the Primary Organization worker was a positive role model for their child. Parents commonly felt that the Primary Organization worker set a good example for the child and was available to the child when needed.

Other support to families

Seventy-nine percent of parents reported that the TEI program had an impact on the rest of the family, not just the targeted child. Parents were asked questions about various family needs, and whether they received help from TEI in addressing the needs. Of the parents who needed help:

- Eighty percent had received help with accessing health care for their family (8 of 10)
- Sixty-two percent had received assistance in obtaining emergency services and crisis assistance (8 of 13)
- Fifty-nine percent received assistance from the program in obtaining housing (10 of 17)
- Fifty-seven percent had received help with basic needs such as food, clothing, and furniture (12 of 21)

One parent stated, “It made us a stronger family. They were supportive to issues going on. They helped us solve a lot of problems. . . Overall it is a wonderful program.”

Suggestions for Improvement

Although most youth reported that they would not change the program several suggestions were offered. Most focused on increased activities including field trips, going out to eat, swimming, arcades, and walking. One youth stated that he wanted help with “paying attention better.” One youth stated that he did not want contact with his TEI worker(s).

Parents were asked a few questions about future TEI programming. The majority of parents favored expanding services to other members of the family (59%), providing support groups for parents (52%), and having more events with other families (52%).

Many parents had no suggestions for program improvement, and stated that they would not change the program. However, nearly a quarter of respondents suggested more involvement with the rest of the family (24%). Other suggestions included the development of a support group for parents, separating kids by age groups, increased supervision of kids, increased involvement of ISDT, and increased funding to provide more activities. One parent felt, “there is not enough room in the program. It could benefit a lot more children.”

Summary of evaluation

Findings indicate that the Targeted Early Intervention program leads to measurable improvement for delinquent children who receive significant program dosage. Preliminary findings from the Phase 1 report showed no significant improvement with less than a year of service. However, after a minimum of 18 months of intensive program services, results show that compared to a similar group of delinquent children, participants in the Targeted Early Intervention program had:

- Fewer and less severe subsequent offenses
- Significantly better school attendance

Is participation in Targeted Early Intervention associated with a reduction in delinquent (criminal) behavior?

In examining the Hennepin County administrative data for the six-month study period following 18 months of service, records show that Targeted Early Intervention children were referred for fewer offenses, and that the offenses with which they were charged were less severe than comparison group children.

- While the number of children who were referred by police to the County Attorney's Office was similar among the two groups, the ratio of referred offenses per child was higher for comparison group children. The 33 TEI participants were referred for 13 offenses during the follow-up period while the 34 comparison group children were referred for 25 offenses.
- In addition, the offenses for which the TEI children were charged were less severe. There were no gross misdemeanors or felonies charged to TEI children during the study period. Comparison children were charged with three gross misdemeanors and three felonies.

The reductions in the number and severity of delinquent acts by TEI children are encouraging outcomes that encapsulate the potential of the program if trends can be maintained. National statistics provided by the Office of Juvenile Justice and Delinquency Prevention from 1996 indicate that 63 percent of the juvenile court delinquency caseload was comprised of juveniles 15 and older. Without intervention, it is likely that there would be an increase in the number of new offenses for which children are referred. Therefore, it will be important to monitor the TEI children as they age in order to obtain meaningful long-term results on whether the program has a positive impact on reducing delinquency and preventing criminality.

Is participation in Targeted Early Intervention associated with a reduction in exposure to abuse, neglect and violence in the home?

While the evidence in this area is inconclusive, the data for TEI participants shows promise. In most areas, Targeted Early Intervention families showed less involvement with child protection than the comparison group families. This trend towards less exposure to abuse and violence in the home was particularly evident when examining the domestic abuse records. Although TEI families have significantly greater past charged crimes related to violence in the home, there were fewer police calls to the homes of TEI families than to comparison group families during the study period. This indicates that TEI families may be benefiting from supports provided by the TEI program.

Is participation in Targeted Early Intervention associated with school success?

Results of school attendance analysis indicate that participation in TEI is associated with improved school attendance.

- The average attendance rate after becoming involved in Targeted Early Intervention was better than 88 percent.
- Comparison children with similar risk factors were two times more likely than TEI participants to miss school.

Results of the standardized behavioral assessment (Behavioral Assessment System for Children) completed by participants' teachers indicate that teachers identify aggression, conduct problems and learning problems as major barriers to school success for many of the children in TEI. These types of problems are typically associated with delinquency and are consistent with patterns of acting-out behavior. Despite indicators of serious academic problems, the vast majority of teachers described their relationships with the TEI children as "good" or "very good". Furthermore, most TEI children and their parents say that things have improved for their child at school since they enrolled in TEI. These findings indicate that although many of the TEI children may be doing poorly in school, they still feel somewhat connected to school and have positive feelings about school. This positive connection with school is clearly an important avenue for the continuing success for TEI children.

Is participating in Targeted Early Intervention associated with an increase in social competency?

Most parents felt that their child had a better understanding of the difference between right and wrong since the child became involved with TEI. Parents also observed increases in their child's self esteem and ability to get along with others.

- Seventy-one percent of parents felt that their child's feelings of self-esteem had increased since participating in Targeted Early Intervention.
- Sixty-four percent of parents felt that their child better understood the difference between right and wrong.
- Half the parents felt that their child's skills in getting along with other kids had increased since participating in Targeted Early Intervention.

Teachers also observed average or above levels of adaptability, social skills, and leadership skills in many of the TEI children. Teachers also report that the vast majority of TEI participants respect the teacher's authority in the classroom.

Are parents and children satisfied with the Targeted Early Intervention program?

Most parents and children are satisfied with the Targeted Early Intervention program. Children appear to feel a particular bond with their Primary Organization worker. Parents and children state that things have improved for the child since they started the program.

- Ninety percent of parents were "satisfied" or "very satisfied" with the services their child received as part of Targeted Early Intervention.
- Ninety-seven percent of parents were "satisfied" or "very satisfied" with the support provided by the Primary Organization worker.
- Eighty-three percent of parents were "satisfied" or "very satisfied" with the support provided by the Integrated Service Delivery Team worker.
- Ninety-one percent of parents felt that the Primary Organization worker was a positive role model for their child.

Issues to consider

Targeted Early Intervention is a long-term intervention for children identified as being at greatest risk of future delinquency. Given the long-term nature of the effort, it was not expected that the outcome analysis contained in the second phase of the evaluation would reflect the full impact of the program. The findings from this second phase of the evaluation identify several issues to consider for the ongoing implementation and operation of the Targeted Early Intervention model.

Provide additional assistance to other family members

An analysis of risk factors and other assessment tools indicate that TEI participants live in extremely high-risk environments. High rates of exposure to domestic violence, child maltreatment, crime, chemical dependency and mental health issues are particularly striking. Many of these children are clearly being socialized in family and neighborhood environments in which violence and social disorganization are highly prevalent. Difficulties with family functioning and household stability create many challenges in serving TEI children and their families.

During the parent follow-up interviews, parents voiced a desire for the program to expand services to the rest of the family, not just the targeted child.

- Fifty-nine percent of parents favored expansion of services to other family members
- Twenty percent of parents were less than satisfied with the program's ability to help the rest of the family

Even before the follow-up interviews were completed, the program recognized the need to serve siblings of TEI children. In the fall of 2000, program staff approved a plan for the Primary Organizations to provide supplemental services to selected siblings who are close in age to the TEI child. Future evaluation efforts will examine sibling outcomes as well as the impact of sibling services on the TEI child.

Given the extremely high-risk nature of TEI families, further discussion of effective services to TEI families is warranted.

Provide more activities that bring families together

More than half of the parents interviewed for the study favored more events with other families and the creation of a support group for parents. These families often experience crises and significant isolation. Further exploration of informal support networks that can be utilized by TEI families may be an effective way of reducing formalized services over time while providing necessary help for families.

A clear alternative to more formalized services was evident when program staff organized the first Family Fun Night in the winter of 1998. This event was attended by approximately half of the TEI families. Subsequent events held in 1999 and 2000 resulted in somewhat better attendance and a clear statement by the majority of families that they appreciated these types of events and looked forward to more.

Provide additional support for TEI children in school

Currently, Primary Organization staff report significant involvement with the TEI child's school. Primary Organization workers provide some type of school related service to 90 percent of the children on their case load. Often Primary Organization workers are advocates for the child at school, provide counseling to children, or provide support to teachers when issues or problems arise.

The program has proven effective in improving the attendance of TEI children. However, the evaluation results indicate that TEI children still display aggressive behaviors at school and struggle with learning. In addition, their conduct may deteriorate as the school year progresses (as evidenced in the fall 1999 to spring 2000 behavioral assessment scores).

Teachers and schools may need assistance in meeting the high academic needs of Targeted Early Intervention participants. The program may consider involving teachers, school social workers, and other relevant school staff in the planning and team meetings related to the TEI child. Flexible and individualized services to promote school success could help children do better in school, addressing a major risk factor for future delinquency.

Provide comprehensive mental health assessments for participating children

The results of the BASC Teacher Rating Scale indicate that Targeted Early Intervention children exhibit many warning signs of serious emotional problems. The Teacher Rating Scales were used solely for evaluation and not for clinical assessment. Nonetheless, it should be noted that all but 2 of the 42 children assessed by teachers scored in the clinically significant range on at least one of the scales measured. In addition, teachers report needing to frequently remove the TEI child from the classroom due to behavior problems. Teachers also report that TEI children frequently had difficulty paying attention in class. Nonetheless, Targeted Early Intervention children show resiliency: most are well liked, adaptable, and show leadership qualities. A comprehensive mental health assessment for participating children may yield information or diagnosis that may lead to useful and holistic treatment approaches.

Currently Targeted Early Intervention staff provide referrals to mental health services for participants and families. However, staff report that families may not be accessing outside services. An examination of barriers to accessing mental health care and possible solutions may be necessary.

Directions for future evaluation

Future evaluation will be increasingly important in assessing the extent to which participation in Targeted Early Intervention is associated with the program's long-term outcome objectives. Continued attention will focus on trends in delinquency, school success, and exposure to abuse, neglect, and violence in the home. In addition, social competency, participant satisfaction, involvement in community activities, and interpersonal relationships will remain important factors to track. As the program expands its services to sibling of TEI children, the evaluation study will measure the impact of those services.

In addition, the evaluation will begin to assess which types of Targeted Early Intervention participants benefit most from the program. For example, subsequent delinquency rates could differ according to the severity of family risk factors at enrollment, the extent to which the child's family participates in the program, the success of the child at school, or the relationship between the child and his/her worker from the Primary Organization. The evaluation must take into account the increasingly voluntary nature of services and must scrutinize the general equivalence of the TEI and comparison groups. Careful study will focus on the characteristics and outcomes of families who decide to participate versus those who refuse program services.

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Appendices

1. *Summary of 1995 research report*
2. *Participating organizations and individuals*
3. *Review of literature*
4. *Risk factor Check List (Delinquents Under 10 screening tool)*
5. *Disposition options*
6. *Risk factor Check List results*
7. *Descriptive information study methods and TEI staff activities*
8. *Evaluation instruments*

1. Summary of 1995 research report and follow-up of risk factors

Between July 1993 and January 1995, police jurisdictions throughout Hennepin County documented over 300 incidents of delinquent behavior of children under the age of 10. Of these children, 135 were referred to the Hennepin County Attorney's Office.

Research findings

The summary findings from the 1995 research report on the 135 children referred to the County Attorney include the following:

- Children ranged in age from 4 to 9 and just over half (51%) of the children were 9 years old.
- 79 percent of the children were male.
- Children of color were disproportionately represented in the data set: 49 percent of the children were African American; 31 percent were White; 16 percent were American Indian; 1 percent were Hispanic; and the remainder were of mixed racial background.
- Two-thirds of the referrals came from Minneapolis police and one-third from suburban police departments. Eighty percent of the children were Minneapolis residents and 20 percent were suburban residents.
- The majority of the children lived in single parent families (70%), 65 percent lived with their mothers only, while another 5 percent lived with their fathers only.
- 45 percent of the children had three or more siblings.
- 70 percent of the children had mothers who were under the age of 20 at the birth of their first child; 37 percent of the children had mothers who were under the age of 18 at the birth of their first child.
- The most commonly reported offenses were Crimes Against Property – Theft Related (44%), Other Crimes Against Property (30%) and Crimes Against People (26%).
- 85 percent of the families had received or were receiving one or more Hennepin County social services. The services most commonly provided were child protection assessments, child welfare case openings and child protection case openings.

- Of the families that received Hennepin County social services, the average number of services provided to a family was 8.3. More than one-quarter (27%) received more than ten services.
- 70 percent of the children had at least one parent who has been charged with a crime in Hennepin County or at least one sibling who has been referred to the Hennepin County Attorney's Office for a delinquent act: 53 percent have at least one parent who has been charged with one or more crimes (even though fathers could be identified for only one-half of the children);⁸ of the 71 percent of the children who have older siblings, 55 percent have siblings with a history of delinquency.
- School information was obtained for about half of all children. Of that group, 56 percent had school attendance problems; 63 percent were suspended at least once because of behavior problems; and 51 percent were determined to be in need of or have received special education services.

Follow-up of selected risk factors

As part of the delinquents under 10 effort, a Risk Factor Check List was developed to assess and document these risk factors. Points are assigned based on the frequency of certain events, such as the number of child protection assessments in the family, chemical abuse case openings in the family, and crimes charged to parents and siblings (see Appendix 4 for a copy of the Risk Factor Check List). Subsequent analysis of delinquency outcomes for the children described in the 1995 research report, children for which there was not significant delinquency intervention available while under age 10, repeatedly confirm that the children with the greatest number of risk factors (from the six areas listed above) are the children most likely to be referred to the County Attorney's Office for additional offenses.

The data indicate that the children with the most risk factors are nearly three times more likely to commit additional offenses upon turning 10 than the children with the fewest risk factors (see Figure A1). Even more compelling are the numbers of new offenses that can be attributed to the children depending on their level of risk. As of December 31, 1999, the children with the fewest risk factors were referred for an average of 1.00 new offenses while the children with the most risk factors were referred for an average of 6.15 new offenses. Since turning age 10, the children with the most risk factors have been referred to the County Attorney's Office for an additional 209 offenses (see Figure A2).

⁸ For the purposes of this report, crimes charged refers to any misdemeanor for which a citation has been filed or any misdemeanor, gross misdemeanor or felony for which a criminal complaint has been filed in district court.

A1. NUMBER OF CHILDREN FROM 1995 RESEARCH REPORT OVER THE AGE OF 10 WHO HAVE NEW REFERRALS TO THE HCAO BY NUMBER OF RISK FACTORS

Number of risk factors	Number of children in original data set	Number of children who have new referrals (As of Dec. 31, 1999)	Percent of children who have new referrals (As of Dec. 31, 1999)
0-10	37	10	27%
11-15	38	18	47%
16-25	37	23	62%
26+	34	26	76%
	146	77	

A2. NEW OFFENSES INFORMATION FOR CHILDREN FROM THE 1995 RESEARCH REPORT BY NUMBER OF RISK FACTORS

Number of risk factors	Average number of new offenses (# of new offenses/number of children in quartile)	Total number of new offenses (As of Dec. 31, 1999)
0-10	1.00	37
11-15	1.79	68
16-25	3.14	116
26+	6.15	209
		430

2. Participating organizations and individuals

Targeted early intervention participating organizations and individuals

Primary Organizations

Division of Indian Work:

Phyllis Wheatley Community Center:

Pillsbury Neighborhood Services –
Camden Neighborhood Center:

YMCA – Hiawatha Branch:

Primary Organization Staff

Helen Trickey, Stephanie Koslowski

Samuel Payne

Marcus Allen

Gedric Merritt, Preston Scott

Integrated Service Delivery Team

Children and Family Services

Tracy Allen, Senior Social Worker

Lynn Malfeld, Team Coordinator

Michael Sancilio, Senior Clinical Psychologist

Kathy Thomas, Senior Social Worker

Community Health

Diane Strahan, Senior Community Health Worker

County Attorney's Office

Jane Ranum, Assistant County Attorney

Economic Assistance

Heidi DeFord, Principal Financial Worker

Michelle Olson, Office Specialist III

Former Primary Organization Staff

Michelle Engebretson, Division of Indian Work
Tony Hudson, Pillsbury Neighborhood Services
Herman Johnson, Pillsbury Neighborhood Services
Kelly Day, YMCA

Former Integrated Service Delivery Team Members

Paula Sanders, Children and Family Services
Anne Sundt, Children and Family Services
Sharon Fix, Community Health
Beth Peters, Community Corrections
Royetta McBain, Community Corrections
Todd Fellman, County Attorney's Office
Judy Harrigan, County Attorney's Office
Jim Keiler, County Attorney's Office
Dan Rasmus, County Attorney's Office

Delinquents Under 10 Screening Team

Children and Family Services

Lynn Malfeld
Paula Sanders

County Attorney's Office

Kristi Lahti-Johnson
Jane Ranum
Susan Crumb
Jeanette Rosand
Timothy Nelson
Crysta Wunderlich

& Integrated Service Delivery Team Representative

3. Review of literature on effective delinquency programs

A review of studies done on delinquency programs indicate that the most effective programs combined early education and intervention, family support services, and an integrated approach. Although there are few long-term studies of delinquency intervention programs, results show that programs that identify and serve children exhibiting risky behavior at younger ages had the broadest range of positive effects on both children and parents.

Early intervention

Studies have shown that early intervention can interrupt and redirect criminal developmental patterns (Farrington, 1994; Hawkins, Von Cleve, and Catalano, 1991; Greenwood, Model, Rydell and Chiesa, 1996). Researchers agree that effective interventions at an early age offer the greatest benefit to communities, and have the greatest chance of saving at-risk children from entry into the more expensive criminal justice system (Citizens Crime Commission, 2000).

Outcomes from longitudinal studies point to three recurring themes: (1) early intervention across multiple settings with multiple interventions helps in reducing delinquent criminal behavior, (2) early intervention helps with success in school, and (3) early intervention reduces risk-taking behaviors by children. Some important routes toward achieving these outcomes include: nurturing a stable relationship with at least one caring adult, involving a child in activities outside of school, assisting the child in achieving success in these activities, improving parenting skills and relationship building, and improving teacher instructional skills (Comer & Fraser, 1998; Struck, 1994; O'Donnell, Hawkins, and Catalano, 1995)

The ability to interact with others (social competence) is key to decreasing and preventing the problems of low educational achievement and delinquency (Struck, 1994). Positive role models help children learn social competence. Researchers believe that persons other than a child's parents can be key reinforcers of a child's behavior (Riley, Steinberg, et al, 1994).

Outcomes that point to long-term benefits are the most important in the study of early intervention. Yoshikawa (1995) discusses longitudinal implications and suggests that early childhood programs buffer the effects of a given delinquency risk factor and prevent chronic delinquency. Also, because multiple risk factors appear to have such a pronounced negative effect, early childhood programs that reduce multiple risks are more successful in preventing chronic delinquency (Farrington, 1994).

Cost effectiveness

In analyzing the cost-effectiveness of early intervention programs, most researchers agree that by identifying delinquency risk, success rate, and the cost differential between preventing an offense and suffering it, estimates can be made of the value of a program to the community (Lipsey, 1984). In essence, cost-effectiveness studies work by evaluating the relative cost of the event (crime) that was to be prevented and estimating the likelihood that prevention actually occurred. Another strategy is to estimate the lifetime costs associated with the typical career criminal and contrast elements of external versus social costs; tangible versus intangible costs; average versus marginal costs; and discounting costs to present value (Cohen, 1994, Greenwood, 1996).

Most often cited in cost effectiveness reports are the longitudinal programs done at Syracuse University, Yale, Houston and the High/Scope Perry Preschool Project.⁹ In studying these programs, Greenwood and colleagues (1996) found that the programs that successfully reduced delinquency were small in scale and high in both quality and cost. These programs appear to have generated substantial reductions in subsequent criminal behavior among the children who participated.

Integrated service delivery

Because delinquent behavior develops across multiple settings, addressing prevention and interventions in each of these settings yields the greatest benefit (Yoshikawa, 1995). McCurdy (1995) found that extensive coordination with other health and human service providers across multiple settings was a key element of successful programs. In order to enhance family functioning and create secure, nurturing environments, programs must offer an integrated approach (McCurdy, 1995).

The American Youth Policy Forum, in a section on treating troubled youth, states that when communities come together to offer youth a continuum of programs and services, the opportunity for supportive and sustained relationships with caring adults and the chance to assume constructive roles in the community are increased (Mendel, 1995). The combination of counseling, education and parenting assistance were found to be effective prevention efforts that yield reductions in later aggressiveness, delinquency and criminal behavior (Mendel, 1995, Reynolds, 1998).

⁹ Four evaluations, all focusing on programs that combined early childhood education with family support services, assessed long-term results (more than five years). The Perry Preschool Project; the Syracuse University Family Development Research Program; the Yale Child Welfare Project; and the Houston Parent Child Development Center's program. Summaries of the results of these studies can be found on the Internet at <http://www.futureofchildren.org>.

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Yoshikawa, H. (1995). Long-term Effects of Early Childhood Programs on Social Outcomes and Delinquency. *The Future of Children*, 5: 6-24.

Yoshikawa, H. (1994). Prevention as Cumulative Protection: Effects of Early Family Support and Education on Chronic Delinquency and its Risks. *Psychological Bulletin*, 115(1): 1-26.

4. Risk factor Check List (Delinquents Under 10 screening tool)

Risk Factor Check List - Delinquents Under 10

Child's Name: _____

1) Earliest point of known contact with police

_____ frequency

_____ severity

2) Family violence, child abuse and neglect

_____ number of previous Child Protection Assessments

_____ number of previous Child Protection or Child Welfare case openings

_____ any record of domestic abuse

_____ previous placements (of any child)

_____ previous court petitions for Child in Need of Protection or Services (CHIPS)

3) Other problems with family functioning

_____ chemical abuse

_____ developmental disabilities

_____ mental health

_____ number of children in family

_____ single parent

_____ receiving AFDC/ever received

_____ age of mother at birth of first child

4) Family criminal and delinquent histories (number of charged crimes and severity)

_____ mother

_____ father

_____ other siblings

5) School

_____ attendance problems

_____ behavior problems

_____ special needs

6) Lack of positive supportive relationships

Hennepin County Attorney's Office

October 1996

5. Disposition options

In addition to TEI, several other disposition options have been developed to respond to Delinquent Under 10 referrals received by the Hennepin County Attorney's Office. While the disposition options are along a continuum moving from least intensive to most intensive, a child does not start at the lowest available disposition. Rather, the disposition decision is made by the Screening Team based on the level of risk presented by the child's behavior and family history.

The diversion programs are a primary referral source for the delinquents under 10 population. These programs have met with varying levels of success. It appears that diversion programs that include an outreach component are more successful in connecting with the children and their families than those that do not.

The range of dispositions available at this time is as follows:

County Attorney letter

A letter is sent to the parents of the child informing them that a police report has been received by the County Attorney. It describes the delinquent behavior and reminds them that it is their responsibility to control their child's behavior. A list of community resources is also included, encouraging parents to seek assistance for themselves and their child.

Referral to child protection

Some incidents could have been referred as a child protection report rather than, or in addition to, being treated as a crime report. This might be the case if the child is very young and the incident (e.g., arson) is the result of a lack of parental supervision or if the parent is directing the child to commit a delinquent act.

Diversion programs

There are three pre-court diversion programs available to the children and their families. These programs are offered primarily when children are referred for low-level property offenses.

- 1) DeNovo: When a child has a sibling who was a companion in the offense, every effort is made to coordinate the disposition for the two children. If the sibling is over the age of 10 and referred to the County's diversion program, DeNovo, services are expanded to include the child under 10 as well.

- 2) **Family Group Conferencing:** The Juvenile Probation department conducts a restorative justice program called Family Group Conferencing for petty offenders. This program brings victims and offenders together with their families and other interested supporters to discuss what the impact of the behavior has been on everyone involved. Then the participants agree upon a set of actions to make restitution or remedy the harm that has been caused. Juvenile Probation has reserved some space for children under the age of 10 to participate.
- 3) **Police Intervention Program:** This program is carried out jointly by the Minneapolis Police Department Community Crime Prevention/SAFE Unit (CCP/SAFE), the YMCA and members of the Hennepin County Department of Children and Family Services' Youth Services Team. This program was designed specifically for the delinquents under 10 population and was initiated in April 1997. Children identified for this program are required to attend one group discussion session with their parents. At the end of the discussion session each child and parent are asked to develop a restitution plan that will be completed within two weeks. A follow up meeting is held two weeks later with each child and parent to confirm the completion of the restitution plan and to assist the parent in connecting the child to resources and activities in their neighborhood.

Direct referral to services

Whenever possible children and families are referred to services in their community. Since this project was initiated, the Hennepin County Attorney's Office and the Department of Children and Family Services have identified a number of community resources available to service the delinquent under 10 children and their families. Since August 1997, specific statutory authority has existed for the County Attorney's Office to make direct referral to another agency. The agency can then follow up with the parents to ensure that they get assistance to address the child's behavior.

Child focused services provided by the Department of Children and Family Services

This disposition is used in conjunction with an assessment request to the Youth Services Team within the Department of Children and Family Services. A Child Needs Assessment may be requested when additional information is needed to aid in the determination of a disposition. During the assessment process, the worker may determine that there is a need for monitoring and/or ongoing support to the child and the family. If the results of the Child Needs Assessment indicate that additional services are warranted, the services are provided by a social worker from the Youth Services Team.

CHIPS (Child in Need of Protection or Services) petition

In Minnesota, children cannot be charged with delinquent acts until they are 10 years of age. If these children are to be subject to court jurisdiction, it will be as a Child in Need of Protection or Services (CHIPS) petition. For this population, CHIPS petitions are used in two situations: 1) when the child has committed a delinquent act for which there is concern about public safety (i.e., a serious assault, arson or unintentional fire, criminal sexual conduct) or 2) when the child and parents have not completed the pre-court diversion program or have not followed through on a direct referral to services. If a CHIPS petition is filed as a result of a public safety concern, usually a social worker from the Youth Services Team will become involved in the case as well. If a CHIPS petition is filed for non-completion of a disposition, a social worker usually does not become involved. Rather, the child and parents are court ordered to complete the identified disposition.

6. Risk factor Check List results

The data contained in the Risk Factor Check List attempt to describe the delinquency predictors identified in the 1995 research report. However, the Risk Factor Check List only includes information from Hennepin County databases. Social service or criminal histories that may exist in other jurisdictions are not reflected in the data. In addition, school information and information about peer groups are not available for the initial screening, and therefore are not included in this analysis. Risk factor information is collected by the Hennepin County Attorney's Office at the time a child commits an offense while he/she is under the age of 10. This analysis reflects any data available at the time of the most recent offense (while under the age of 10) for each delinquent child.

Police contact while under age 10

A3. POLICE CONTACTS WHILE UNDER AGE 10

	N	1 Contact	2 Contacts	3 Contacts	4 or more contacts	Mean	Range
TEI participants	49	28	11	4	6	2.0 per child	1-9 contacts
Comparison cohort*	34	33	-	1	-	1.06 per child	1-3 contacts
All other delinquents under the age of 10 (1996-2000)	610	517	66	14	13	1.27 per child	1-22 contacts

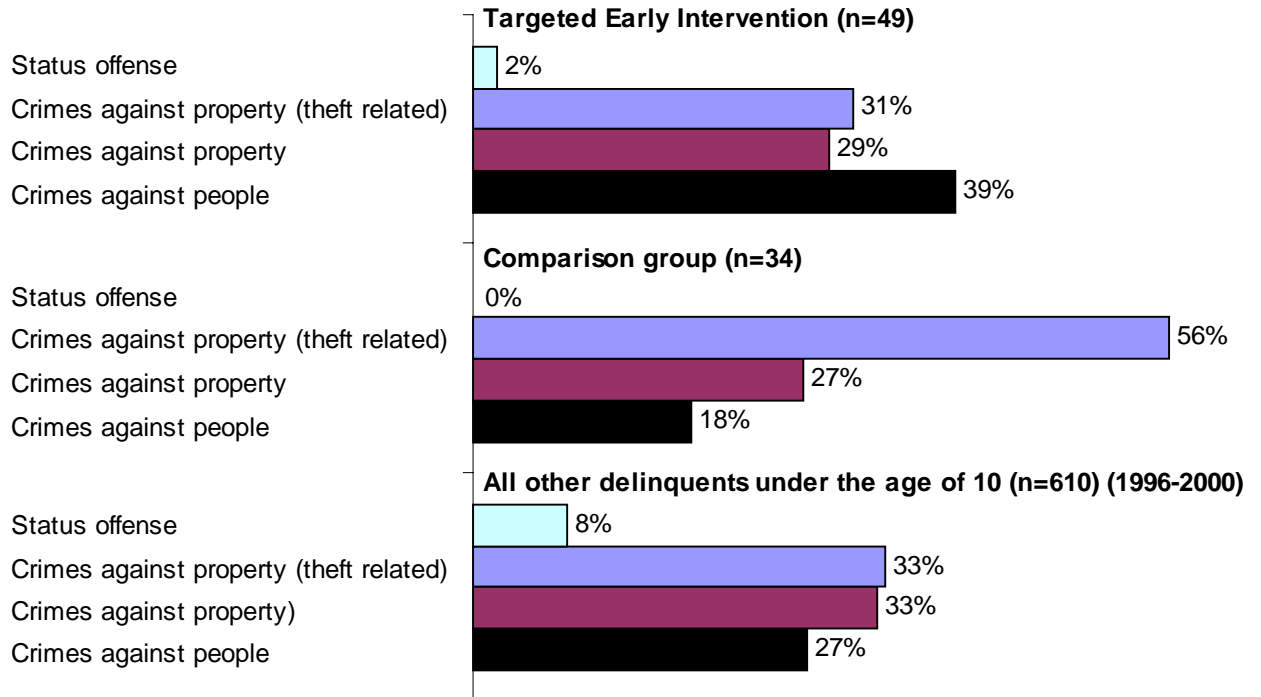
Note: During the time when comparison group children were under the age of 10 (pre-1996), police were less likely to report contacts with a child under the age of 10, because there were few options available for intervention.

Source: Hennepin County administrative data.

Severity of offenses

This risk factor is determined by the most severe offense for which a child is referred. For example, if a child is referred for two offenses, a shoplifting and an assault, the severity of the offense would be based on the assault.

A4. MA XIMUM SEVERITY OF INITIAL OFFENSE AT TIME OF REFERRAL

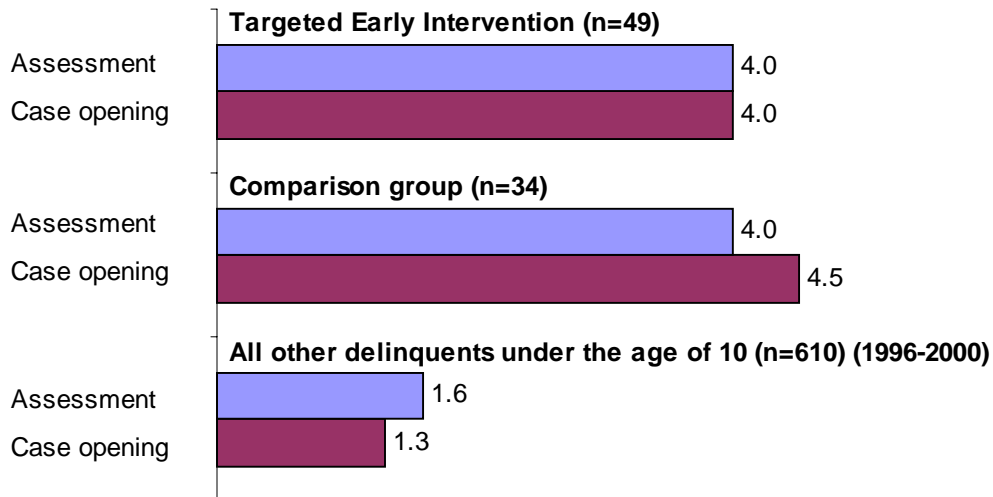


Note: Data collected at last offense referral while child was under the age of 10.

Source: Hennepin County administrative data.

Family violence, child abuse & neglect

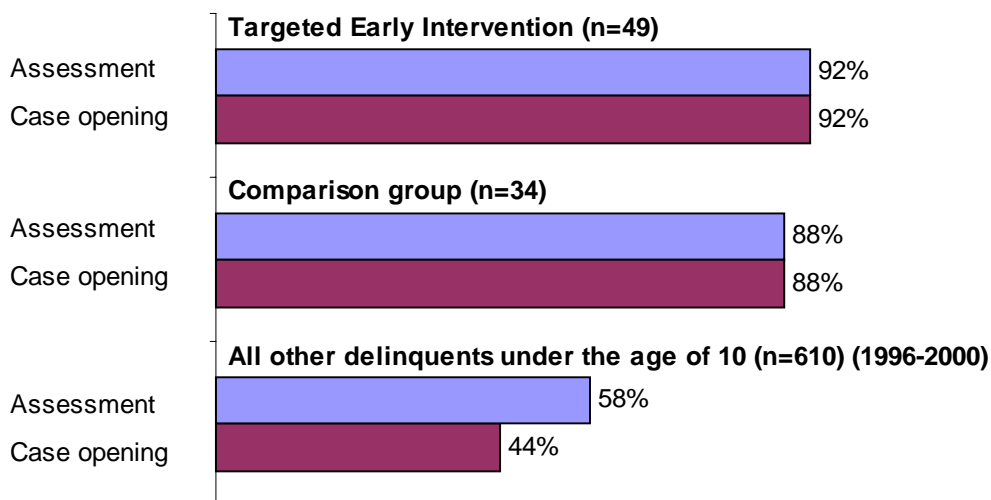
A5. MEAN NUMBER OF HENNEPIN COUNTY CHILD WELFARE SERVICE CONTACTS AT TIME OF REFERRAL



Note: Data collected at last offense referral while child was under the age of 10.

Source: Hennepin County administrative data.

A6. PERCENT OF CHILDREN WITH CONTACT WITH HENNEPIN COUNTY CHILD WELFARE AT TIME OF REFERRAL



Note: Data collected at last offense referral while child was under the age of 10.

Source: Hennepin County administrative data.

A7. CHILD IN NEED OF PROTECTION AND SERVICES (CHIPS) PETITIONS, OUT-OF-HOME PLACEMENTS AND DOMESTIC ABUSE CHARGES AT TIME OF REFERRAL

	N	CHIPS petitions filed		Placements for 1 or more children in family		Domestic abuse charges	
		Number	%	Number	%	Number	%
TEI participants	49	28	57%	38	78%	39	80%*
Comparison cohort	34	19	56%	29	85%	12	35%
All other delinquents under the age of 10 screened (1996-2000)	610	129	21%	196	32%	195	32%

Notes: Data collected at last offense referral while child was under the age of 10; Higher percentages of domestic abuse charges among TEI participants compared to the comparison cohort is likely due, in part, to differences in reporting, record-keeping, and prosecution that occurred during the two time periods rather than dramatic differences between the groups themselves.

Source: Hennepin County administrative data.

Other factors related to family functioning

A8. SERVICES RECEIVED FROM HENNEPIN COUNTY SOCIAL SERVICES AT TIME OF REFERRAL

	N	Chemical health case opening (family member)		Mental health case opening (family member)		Developmental disability case (family member)	
		Number	%	Number	%	Number	%
TEI participants	49	32	65%	29	59%	10	20%
Comparison cohort	34	23	67%	19	56%	6	18%
All other delinquents under the age of 10 screened (1996-2000)	610	205	34%	197	32%	29	5%

Note: Data collected at last offense referral while child was under the age of 10.

Source: Hennepin County administrative data.

A9. FAMILY SELF-SUFFICIENCY AND COMPOSITION AT TIME OF REFERRAL

	N	Family has received economic assistance at some point		Child lives in a single parent family	
		Number	%	Number	%
TEI participants	49	47	96%	35	71%
Comparison cohort	34	34	100%	25	74%
All other delinquents under the age of 10 screened (1996-2000)	610	515	84%	430	71%

Note: Data collected at last offense referral while child was under the age of 10.

Source: Hennepin County administrative data.

A10. MOTHER'S AGE AT BIRTH OF FIRST CHILD AT TIME OF REFERRAL

	N	Age 17 or younger		Age 18 or 19		Age 20 or older	
		Number	%	Number	%	Number	%
TEI participants	49	29	59%	10	20%	10	20%
Comparison cohort	34	15	44%	14	41%	5	15%
All other delinquents under the age of 10 screened (1996-2000)	610	242	40%	191	31%	177	29%

Note: Data collected at last offense referral while child was under the age of 10.

Source: Hennepin County administrative data.

A11. NUMBER OF CHILDREN LIVING IN HOME AT TIME OF REFERRAL

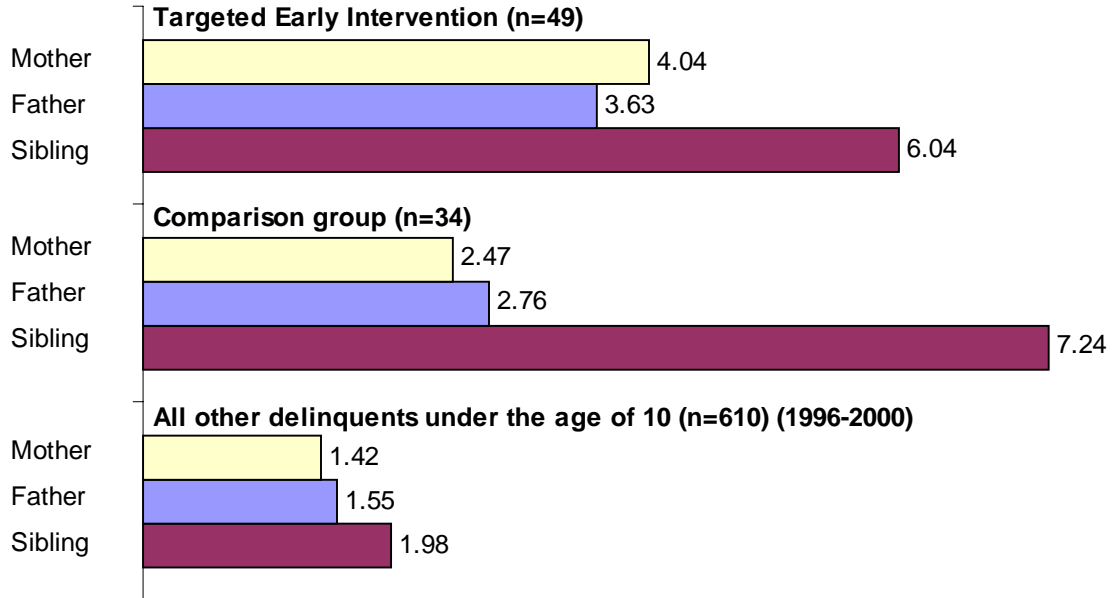
	N	Mean	Range
TEI participants	49	4.92	1-9
Comparison cohort	34	5.15	1-10
All other delinquents under the age of 10 screened (1996-2000)	611	3.77	1-13

Note: Data collected at last offense referral while child was under the age of 10.

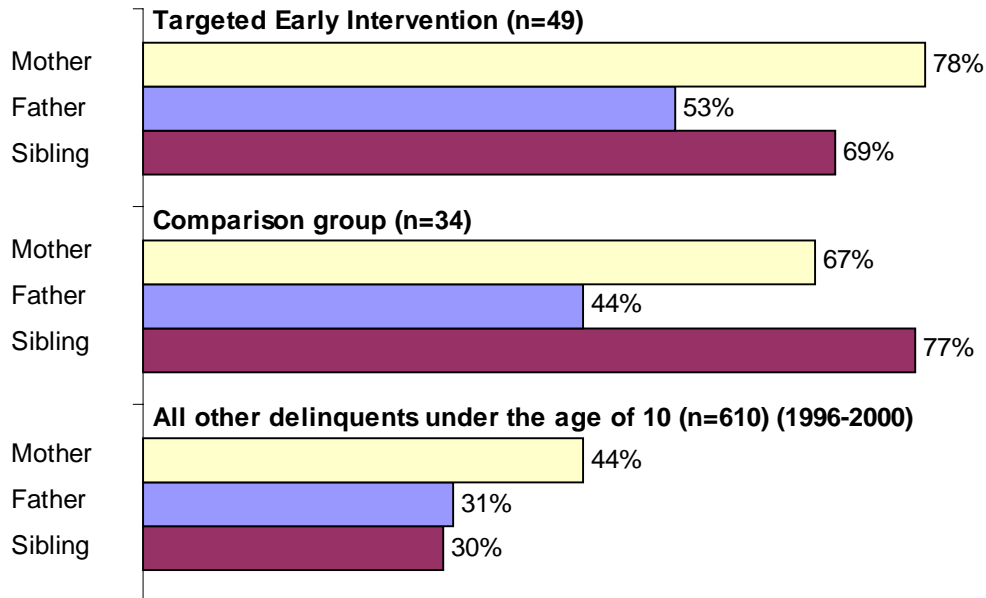
Source: Hennepin County administrative data.

Family criminal and delinquent histories

A12. MEAN NUMBER OF CHARGED CRIMES FOR FAMILY MEMBERS AT TIME OF REFERRAL



A13. PERCENT OF CHILDREN WHO HAVE FAMILY MEMBERS WITH PRIOR CHARGED CRIMES AT TIME OF REFERRAL



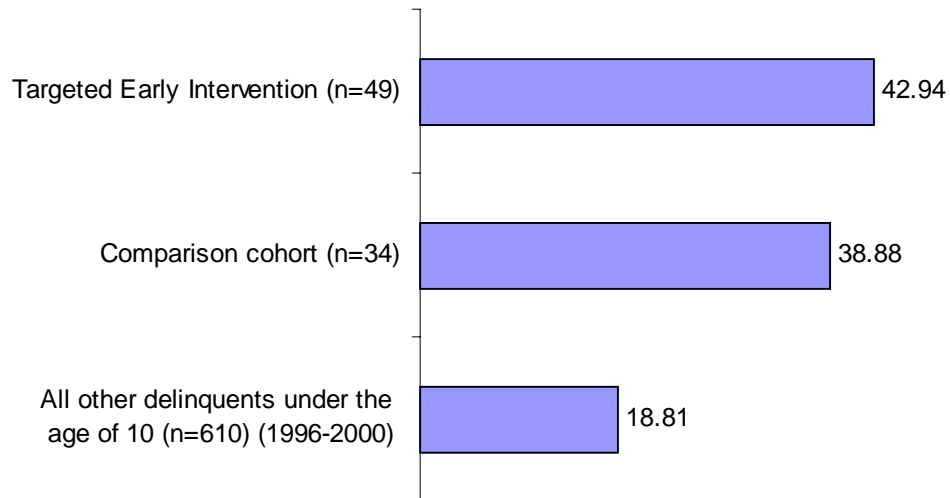
Note: Data collected at last offense referral while child was under the age of 10.

Source: Hennepin County administrative data.

Risk factor profiles

The total number of risk factors includes the indicators from sections two, three and four of the Risk Factor Check List: family violence, child maltreatment, family functioning, family self-sufficiency and composition and family criminal histories.

A14. MEAN NUMBER OF RISK FACTORS AT TIME OF REFERRAL



Note: Data collected at last offense referral while child was under the age of 10.

Source: Hennepin County administrative data.

7. Descriptive information study methods and TEI staff activities

Risk factor Check List (all cohorts)

The Risk Factor Check List is completed for each child under the age of 10 who is referred to the County Attorney's Office because of a delinquent act. Prior to weekly screening meetings, information is obtained from Hennepin County databases and compiled on the Risk Factor Check List. Risk Factor Check List data for the TEI participants and comparison group (Pre-Intervention Cohort) is included in the text of this report. The response rate for the Risk Factor Check List was 100 percent.

The Check List corresponds with the six risk predictors of future delinquency identified in the 1995 research report. However, because the initial screening is based solely on information contained in Hennepin County information systems, data is only collected for the first four risk predictor categories. The Check List includes information about police contacts, family violence, child maltreatment, family functioning and family criminal histories.

Six Hennepin County information systems are used to obtain information about the children and their families. All data are collected, processed and stored by the Hennepin County Attorney's Office. Data were analyzed by Wilder Research Center staff.

Dosage tracking form and quarterly service activity log (all TEI participants)

ISDT staff and Primary Organization staff completed a dosage tracking form as well as service activity log quarterly for each child on their case loads. The dosage tracking form asks staff to rate each child and family's exposure and level of participation in TEI services during that quarter. Along with the dosage tracking form, ISDT and Primary Organization staff completed a quarterly service activity log which documents the type of services they have provided to children and families participating in the TEI program. All data are entered and analyzed by Wilder Research Center staff.

Dosage Tracking and Quarterly Service Activity Logs are only collected for open TEI participants. This report focuses on service activity that occurred during the last year (July 1999 – June 2000). Quarterly Service Activity data were available for 37 of the 49 youth involved in TEI (for a response rate of 76%).

A15. PRIMARY ORGANIZATION STAFF ACTIVITIES (JULY 1999-JUNE 2000)

N=36 Issue or resource	Passive resource referral	Active referral, case management or case plan follow-through	Counseling or education	Advocacy	Other	None: not needed	None: not addressed
Child-specific services							
Child's school or education	14%	28%	42%	46%	10%	-	10%
Extracurricular activities	13%	28%	23%	48%	21%	1%	7%
Child mental health	8%	38%	10%	2%	3%	38%	12%
Child care	7%	21%	-	1%	2%	50%	18%
Child health care, medical or dental	4%	37%	3%	2%	3%	30%	21%
Parent or family-specific services							
Chemical dependency	7%	24%	10%	3%	-	40%	21%
Domestic violence	8%	16%	2%	2%	-	45%	28%
Adult mental health	10%	23%	6%	4%	-	38%	26%
Employment, job training, or education	10%	21%	5%	3%	6%	34%	22%
Adult health care, medical, or dental	9%	31%	2%	2%	2%	32%	25%
Any service for sibling or other child in home	6%	15%	6%	20%	9%	15%	5%
Basic household needs							
Housing	16%	23%	4%	9%	3%	41%	13%
Food, clothing, utilities, sanitation, furniture, or other basic needs	10%	22%	2%	37%	21%	22%	11%
Emergency services or crisis help	5%	22%	9%	23%	7%	35%	19%
Other activities							
Court or legal issues	7%	18%	24%	15%	1%	33%	17%
Setting up or supporting critical support person	7%	16%	9%	45%	16%	9%	16%
Outings, activities, or entertainment	7%	35%	18%	51%	25%	1%	9%
Community involvement or informal supports	7%	24%	15%	46%	22%	2%	15%

A16. INTEGRATED SERVICE DELIVERY TEAM STAFF ACTIVITIES (JULY 1999-JUNE 2000)

N=37 Issue, need or resource	Passive resource referral	Active referral, case management or case plan follow-through	Counseling or education	Advocacy	Other	None: not needed	None: not addressed
Child-specific services							
Child's school or education	4%	72%	7%	32%	4%	8%	16%
Extracurricular activities	4%	28%	-	14%	4%	12%	42%
Child mental health	11%	41%	1%	15%	4%	28%	25%
Child care	-	8%	-	3%	-	79%	10%
Child health care, medical or dental	6%	28%	9%	8%	-	28%	29%
Parent or family-specific services							
Chemical dependency	3%	17%	4%	5%	3%	53%	26%
Domestic violence	1%	5%	2%	3%	2%	70%	21%
Adult mental health	9%	26%	6%	18%	4%	37%	32%
Employment, job training or education	10%	10%	1%	12%	3%	38%	32%
Adult health care, medical or dental	11%	16%	14%	13%	1%	38%	28%
Any service for sibling or other child in home	1%	19%	3%	13%	3%	28%	22%
Basic household needs							
Housing	19%	22%	1%	22%	4%	39%	19%
Food, clothing, utilities, sanitation, furniture or other basic needs	5%	20%	1%	9%	5%	47%	21%
Emergency services or crisis help	3%	16%	7%	7%	4%	55%	14%
Other activities							
Court or legal issues	2%	37%	1%	11%	1%	50%	9%
Setting up or supporting critical support person	1%	7%	-	2%	2%	35%	50%
Outings, activities or entertainment	4%	17%	-	-	4%	30%	46%
Community involvement or informal supports	7%	19%	1%	2%	4%	29%	40%

8. *Evaluation instruments*

A17. EVALUATION DATA SOURCES

Outcomes	Instrument or data source
Reduction in delinquency	Administrative data from Hennepin County
Reduction in exposure to abuse, neglect, and violence in the home	Administrative data from Hennepin County ISDT Family Summary Form
School success	Attendance data from Minneapolis Public Schools BASC and Child Assessment Teacher Supplement
Increased social competency	Interview with participants and parents

Satisfaction & perceived impact

Satisfaction with services	Interview with participants and parents
Perceived impact of services	Interview with participants and parents

Descriptive information

Participant Characteristics	Administrative data from Hennepin County Risk Factor Check List BASC
Demographics	Administrative data from Hennepin County
Program activities or services provided	Quarterly Service Activity Logs & Dosage Tracking Forms (completed by ISDT and Primary Organization staff)

Besides Hennepin County and Minneapolis Public Schools database information, there were several evaluation instruments used for the Targeted Early Intervention program. These instruments follow and include:

- ISDT Family Summary Form (Revised)
- Parent Interview
- TEI Child Interview
- Quarterly Service Activity Log
- Dosage Tracking Form

Revised ISDT Family Summary Form

Name of Worker Completing Form: _____ Date: ___/___/___

Agency: _____

Name of Child: _____ ID#: _____

Baseline (do 0-3 months after enrollment) Follow-Up (do 2 years after enrollment)

A. Child's Primary Caregiver: 1 Female 2 Male (both = 3)

B. Does father have regular contact with child? 1 Yes 2 No

C. Does mother have regular contact with child? 1 Yes 2 No

D. Items 1-18 completed for which caregiver? 1 Female 2 Male

Primary Parent or Caregiver/ Primary ISDT Contact Relationship to Child: _____	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Opportunity to Observe	NA
1. Is parent incarcerated?	1	2	3	8	9
2. Is parent in a residential treatment program (CD or MH)?	1	2	3	8	9
3. Is parent employed outside home?	1	2	3	8	9
4. Can parent physically care for child?	1	2	3	8	9
5. Does parent have regular contact with child?	1	2	3	8	9
6. Is there any history of abandonment of child?	1	2	3	8	9
7. Does parent identify strengths or positive attributes of child?	1	2	3	8	9
8. Does parent praise child or offer positive comments directly to child?	1	2	3	8	9
9. Does parent engage in leisure/ recreational activities with child?	1	2	3	8	9
10. Does parent act as if the child were an adult?	1	2	3	8	9
11. Does the parent attempt to protect child from physical harm?	1	2	3	8	9
12. Does parent help get the child to school on time?	1	2	3	8	9
13. Does parent have any adult contacts that support the parents ability to meet the child's needs?	1	2	3	8	9
14. Does parent have a psychiatric disorder which interferes with his/her ability to function as a parent?	1	2	3	8	9

Primary Parent or Caregiver/ Primary ISDT Contact Items (Continued)	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Opportunity to Observe	NA
15. Does parent have a substance abuse disorder which interferes with his/her ability to function as a parent?	1	2	3	8	9
16. Does parent speak and understand English?	1	2	3	8	9
17. Does parent read and write English?	1	2	3	8	9
18. Does parent have an order for protection?	1	2	3	8	9

Child Items	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Opportunity to Observe	NA
19. Is child exposed to domestic violence?	1	2	3	8	9
20. Is child exposed to/at risk of physical or sexual abuse?	1	2	3	8	9
21. Is child exposed to unhealthy housing conditions (bugs, rodents, environmental hazards)?	1	2	3	8	9
22. Does child attend school most every day?	1	2	3	8	9
23. Does child have a caregiver when parents are absent?	1	2	3	8	9
24. Does child have assigned chores?	1	2	3	8	9

Household Items	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Opportunity to Observe	NA
25. Does family have their own housing (owned or rented)?	1	2	3	8	9
26. Are adequate sanitary conditions maintained within the household?	1	2	3	8	9
27. Are there frequent changes in adult household members?	1	2	3	8	9
28. Is there a history of police calls to residence?	1	2	3	8	9
29. Has family moved 2 or more times during past year?	1	2	3	8	9
30. Has family been homeless during past year?	1	2	3	8	9

Household Items (Continued)	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Opportunity to Observe	NA
31. Are there adequate financial resources to meet basic household needs (shelter, utilities, food, clothing)?	1	2	3	8	9
32. During the past 3 months have family financial resources required for basic needs been used for other purposes?	1	2	3	8	9
33. Does household have a phone?	1	2	3	8	9
34. Does household have access to reliable transportation other than bus?	1	2	3	8	9
35. Does household have hot and cold running water?	1	2	3	8	9
36. Does household have a working refrigerator?	1	2	3	8	9
37. Does household have a bath or shower?	1	2	3	8	9
38. Does household have an adequate heat source?	1	2	3	8	9
39. Does household have a working stove for cooking?	1	2	3	8	9

CASE ID: _____

Parent Follow-Up Interview

INTRODUCTION:

Hi, this is _____ and I'm calling for the Targeted Early Intervention program. This is the program where [NAME OF PO FROM AGENCY & ISDT WORKER] from Hennepin County work(s) with (NAME OF CHILD/CHILDREN). You should have received a letter about this survey. Each family who completes the interview will get a \$25 Target gift certificate. I would like to ask you a few questions about your views about what (NAME OF CHILD/CHILDREN) may have gotten out of his/her contact with [NAME OF PO & ISDT WORKER]. The purpose of the survey is to see how parents and kids feel about the program and how it should be improved.

The interview is voluntary. You don't have to participate if you don't want to. It is also confidential and your answers will never be linked to your name. No one from Hennepin County or the [PRIMARY ORG.] will see the names or other information you give in the survey. If there are questions you don't want to answer, just let me know. Would you be willing to participate? If this is a convenient time for you, we can do it now?

IF YES, BEGIN.

IF NOT A CONVENIENT TIME, ARRANGE CALLBACK.

After completing the interview with you we will be sending you out a \$25 Target gift certificate for your time. I'd like to verify the address to send it to. (VERIFY ADDRESS ON FACE SHEET)

IF PARENT REFUSES:

We are also interested in knowing your (son's/daughter's) opinions about the program. Would it be okay to interview (CHILD) over the phone?

- Yes1
- No.....2

IF PARENT GIVES PERMISSION AND CHILD IS AVAILABLE, GO TO YOUTH INTERVIEW, OTHERWISE ARRANGE A CALLBACK.

IF PARENT DOESN'T WANT CHILD TO BE INTERVIEWED, ASK:

OK, that is fine. Can I ask why you feel this way? _____

Thank you for your time. COMPLETE NON-RESPONSE REPORT.

Organization Code: 3668-2

CASE ID: _____

TIME: _____

(24 hour clock)

**Delinquents Under 10/Targeted Early Intervention Program
Parent Follow-Up Interview**

We want to talk first about your family’s involvement in the program.

1. Have you . . .

	<u>YES</u>	<u>NO</u>	<u>Don't KNOW</u>
--	------------	-----------	-----------------------

A. ATTENDED ANY EVENT OR ACTIVITY AT [name of primary org.]?	1	2	8
--	---	---	---

B. Been involved in a planning meeting for your child where both (ISDT CONTACT) “and” (PRIMARY ORG. WORKER) were there?.....	1	2	8
---	---	---	---

2. How satisfied are you with the support that (Prim. Org. Worker) has been providing to you and your family as a whole? Would you say...

Very dissatisfied,.....	1
Dissatisfied,.....	2
Neutral,.....	3
Satisfied, or	4
Very satisfied?	5

3. IF THERE IS NO ISDT WORKER, SKIP TO Q4) How satisfied are with the support that (NAME OF ISDT STAFF) has been providing to you and your Family as a whole? Would you say...

Very dissatisfied,.....	1
Dissatisfied,.....	2
Neutral,.....	3
Satisfied, or	4
Very satisfied?	5
Not applicable	9

4. Overall, how satisfied were you with...

	Would you say...						
	Very Dissatisfied, 1	Dissatisfied, 2	Neutral, 3	Satisfied, or 4	Very Satisfied? 5	DK 8	NA 9
A. the services your child or children have received as part of the program?	1	2	3	4	5	8	9
B. (PRIM. ORG. WORKER NAME)'s ability to listen and understand your concerns?	1	2	3	4	5	8	9
C. IF NOT ISDT, SKIP TO D: (ISDT NAME)'s ability to listen and understand your concerns?	1	2	3	4	5	8	9
D. (PRIM. ORG. NAME)'s understanding of your family?	1	2	3	4	5	8	9
E. IF NO ISDT, SKIP TO F. (ISDT NAME)'s understanding of your family?	1	2	3	4	5	8	9
F. your level of involvement in planning services for (CHILD'S/CHILDREN'S NAME[S])?	1	2	3	4	5	8	9
G. the number of times you were asked to participate in meetings where services for (CHILD'S/CHILDREN'S NAME[S]) were discussed?	1	2	3	4	5	8	9
H. the goals and plan that were developed for your child/children?	1	2	3	4	5	8	9
I. the program's ability to help the rest of your family – not just (CHILD'S/CHILDREN'S NAME[S])?	1	2	3	4	5	8	9

5A. Has this program had any impact on the rest of your family, such as (CHILD'S/CHILDREN'S NAME[S])'s brothers and sisters?

Yes1
 No.....(GO TO Q. 6).....2

5B. In what ways?

These next questions are about your family's needs and services used.

6. Have you needed any help with _____ since (YOUR CHILD/CHILDREN) became involved with the program?	IF YES, ASK: ➡➡➡➡➡			7. Has the program helped you get that for your family?	
	Yes	No	NA	Yes	No
a. Housing?	1	2	9	1	2
b. Food/clothing/utilities/furniture or other basic needs?	1	2	9	1	2
c. Emergency Services or crisis help (incl. Emergency public assistance)?	1	2	9	1	2
d. Chemical dependency services?	1	2	9	1	2
e. Domestic violence services?	1	2	9	1	2
f. Mental health services for family members (besides targeted child)?	1	2	9	1	2
g. Employment or job training assistance?	1	2	9	1	2
h. Health care or dental care for adults in the family?	1	2	9	1	2
i. Legal help?	1	2	9	1	2
j. Any other services for the brothers or sisters of (NAME OF CHILD/CHILDREN)?	1	2	9	1	2

NAME OF CHILD: _____

CHILD'S ID #: _____

INTERVIEWERS: COMPLETE PAGES 4, 5, AND 6 FOR EACH CHILD IN FAMILY, DON'T FORGET ID NUMBER.

Now, I'm going to ask you some questions about your child's (each of your children's) involvement in the program. FOR MORE THAN ONE CHILD, STATE: First, I'm going to ask you about (NAME OF CHILD), then I will ask the same questions about your other child/children in the program.

8A. According to program records (CHILD'S NAME)'s involvement in this program began back in (date). Since that time, do you think that things have gotten worse, stayed the same, or gotten better for (CHILD'S NAME)?

Gotten Worse1
Stayed the same..... (SKIP TO Q. 9).....2
Gotten Better3

8B. In what ways ?

9. Since getting involved with this program, how has (NAME OF CHILD)'s:

	Better	The Same	Worse	DK
A. School attendance been?	3	2	1	8
B. Grades in school been?	3	2	1	8
C. How about, Behavior at school?	3	2	1	8
D. Ability to get along with teachers?	3	2	1	8
E. Ability to get along with kids at school?	3	2	1	8

10. In what ways has (NAME OF PRIMARY ORG. WORKER) helped your child at school or with school?

11. Since (CHILD) began the program has (his/her) . . .(EACH decreased, stayed the same or increased?)/ (How about his/her [EACH]?)

	Would you say...			
	Decreased,	Stayed the Same, or	Increased?	DK
A. Interest in extracurricular (after-school) activities	1	2	3	8
B. Ability to solve problems on (his/her) own.....	1	2	3	8
C. Respect for family members	1	2	3	8
D. Ability to get along with other adults.....	1	2	3	8
E. Self-control when frustrated or angry	1	2	3	8
F. Understanding of the consequences of (his/her) behavior	1	2	3	8
G. Willingness to carry out responsibilities	1	2	3	8
H. Enthusiasm for school.....	1	2	3	8
I. Willingness to help others.....	1	2	3	8
J. Skills in getting along with other kids.....	1	2	3	8
K. Ability to see (him/her) self as a role model for other youth	1	2	3	8
L. Feelings of self-esteem.....	1	2	3	8
M. Ability in getting along at home	1	2	3	8
N. Use of peaceful means to resolve conflicts	1	2	3	8
O. Ability to make good decisions.....	1	2	3	8
P. Ability to set goals	1	2	3	8
Q. Knowing right from wrong	1	2	3	8

12A. Do you feel that (NAME OF PRIM. ORG. WORKER) is a positive adult role model for (NAME OF CHILD)?

Yes (GO TO 12B).....1

No..... (GO TO 12C).....2

12B. How is (PRIM. ORG. WORKER) a role model? What does he/she do that helps?

(GO TO Q. 13)

12C. Why not?

13. How satisfied are you with the support that (Prim. Org. Worker) has been providing to [name of child]?
Would you say...

- Very dissatisfied,.....1
- Dissatisfied,.....2
- Neutral,.....3
- Satisfied, or4
- Very satisfied?5
- Don't know8

14. IF THERE IS NO ISDT STAFF SKIP TO Q. 15: How satisfied are with the support that (NAME OF ISDT STAFF) has been providing to [NAME OF CHILD]? Would you say...

- Very dissatisfied,.....1
- Dissatisfied,.....2
- Neutral,.....3
- Satisfied, or4
- Very satisfied?5
- Don't know8
- Not applicable, no ISDT9

15. How satisfied are you with the progress (NAME OF CHILD) has made in the last 6 months? Would you say...

- Very dissatisfied,.....1
- Dissatisfied,.....2
- Neutral,.....3
- Satisfied, or4
- Very satisfied?5

ASK FOR ALL

16. What would you say you like most about your [CHILD(REN)]'s involvement with this program?

17. Would you like to see any of the following things added to improve the program?

	Yes	No	Maybe
a. Expanding services to other members of the family?	1	2	3
b. Having support groups for parents?	1	2	3
c. Having more events with other families?	1	2	3

18. What suggestions do you have for improving this program?

Thank you for your time. Now, I would like your permission to interview (CHILD/CHILDREN), in order to find out (his/her) opinions about the Targeted Early Intervention program. Is that okay with you?

Yes1

No.....2

After completing the interview with your child/children we will be sending you a \$25 Target gift certificate for your time.

NOTE TO INTERVIEWER: VERIFY PARENT ADDRESS FOR TARGET GIFT CERTIFICATE. IF PARENT GIVES PERMISSION, AND CHILD IS AVAILABLE, GO TO YOUTH INTERVIEW, OTHERWISE, ARRANGE CALLBACK.

IF PARENT DOESN'T WANT CHILD TO BE INTERVIEWED, ASK: Why do you feel this way?

Thanks for your helpful comments and suggestions. The program staff will appreciate your opinions, and use them to improve the program.

Interviewer Name: _____

Date: _____

Interviewer Employee #: _____

Time: _____
(24 hour clock)

CASE ID#: _____

Time: _____
(24 hour clock)

**Delinquents Under 10
Targeted Early Intervention
Child Interview**

Introduction: Hi my name is _____ and I want to ask you a few questions about the program you are in with [NAME OF PRIM. ORG. WORKER AND ISDT STAFF].

1. What do you like about [NAME OF PRIM. ORG. STAFF]?

2. IF THERE IS NO ISDT STAFF SKIP TO Q. 3: What do you like about [NAME OF ISDT STAFF]?

3. We are interested in the kinds of things do you do with [NAME OF PRIM. ORG. WORKER). Do you...

	Yes	No
a. Go the park?	1	2
b. Play sports?	1	2
c. Go to movies or out to eat?	1	2
d. Feel comfortable talking to him/her about things?	1	2
e. Do other things? Like what? _____ _____	1	2

4. IF NO ISDT STAFF SKIP TO Q. 5: What do you do with [NAME OF ISDT]?

5. Have any good things happened to you since you started seeing [NAME OF PRIM. ORG. AND ISDT WORKER]?

6. Since you started working with (NAME OF you PRIMARY ORG. AND ISDT STAFF) have:

	Yes	No
a. your grades improved?	1	2
b. you received an award at school?	1	2
c. you became involved in a sport or on a team?	1	2
d. you gotten along better with your parents?	1	2
e. you gotten along better with your brothers and sisters?	1	2
f. you gotten along better with friends?	1	2
g. you made new friends?	1	2

7A. Did [NAME OF PRIM. ORG.] “or” [ISDT] help you with school last year?

Yes 1
 No.....(GO TO Q. 8)..... 2

7B. In what ways?

8A. Has school been any different for you since you started spending time with [NAME OF PRIM. ORG. STAFF]?

Yes 1
 No.....(GO TO Q. 9)..... 2

8B. How has school been different?

9A. Have things with your family been any different for you since you started spending time with [NAME OF PRIM. ORG. STAFF]?

Yes 1
No.....(GO TO Q. 10).....2

9B. How have things with your family been different?

10. What are you looking forward to about school this year?

11. What are your hopes and dreams for the future? [PROBE: What do you want to be when you grow up?]

12. Is there anything you wish [NAME OF PRIM. ORG. AND ISDT] would do differently, or anything else you wish they would do with you?

Thank you.

Interviewer Name: _____ Date: _____

Interviewer Employee #: _____ Date: _____

Targeted Early Intervention Service Quarterly Update Dosage Tracking Form

Name of Child: _____

Case ID: _____

Quarter: *Please Check One*

	July-September 1999	399
	October-December 1999	499
	January-March 2000	100
	April-June 2000	200
	July-September 2000	300
	October-December 2000	400

Date of Child's First Contact with Primary Organization: _____

Date form completed: _____ Primary Organization Staff: _____

Directions: Please circle one number for each item. Return to the HCAO by the 15th of the month following the end of the quarter (e.g., Oct. 15, Jan. 15, April 15, July 15).

Level of Service Contact (Includes Phone and In-Person Contact)

	No Contact	Minimal (0-1 contact per month)	Low (2-3 contacts per month)	Medium (4-7 contacts per month)	High (8+ contacts per month)	NA
1. Level of service contact between Primary Organization Worker and Child this quarter	0	1	2	3	4	9
2. Level of service contact between Primary Organization Worker and Child's Family this quarter	0	1	2	3	4	9
3. Level of CSP Contact and Involvement with Child this quarter	0	1	2	3	4	9

4. Level of Parental Cooperation with TEI Case Plan/ Primary Organization Worker this quarter:

0. Never Cooperative
1. Rarely Cooperative
2. Sometimes Cooperative
3. Usually Cooperative
4. Always Cooperative

NA

Targeted Early Intervention Service Quarterly Update Dosage Tracking Form

Name of Child: _____ Case ID: _____

Quarter: *Please Check One*

	July-September 1999	399
	October-December 1999	499
	January-March 2000	100
	April-June 2000	200
	July-September 2000	300
	October-December 2000	400

Child's Status (please check): ___ Open ___ Discharged (date of discharge _____)

Date of First Contact with ISDT: _____

Date form completed: _____ ISDT Staff Person Completing Form: _____

Directions: Please circle one number for each item. Return to the HCAO by the 15th of the month following the end of the quarter (e.g., Oct. 15, Jan. 15, April 15, July 15).

Level of Service Contact (Includes Phone and In-Person Contact)

	No Contact	Minimal (0-1 contact per month)	Low (2-3 contacts per month)	Medium (4-7 contacts per month)	High (8+ contacts per month)	NA
1. Level of service contact between ISDT Worker and Child's Family this quarter	0	1	2	3	4	9

2. Level of Parental Cooperation with TEI Case Plan/ ISDT this quarter:

- 5. Never Cooperative
- 6. Rarely Cooperative
- 7. Sometimes Cooperative
- 8. Usually Cooperative
- 9. Always Cooperative
- 9. NA